

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---December 13, 2023

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 643,897.70	✓
TOTAL TRANSFERS BETWEEN FUNDS	\$ 184,402.27	✓
TOTAL NURSING HOME UPL EXPENSES	\$ 891,132.64	✓
TOTAL INTER-GOVERNMENT TRANSFERS	\$ -	
GRAND TOTAL DISBURSEMENTS APPROVED December 13, 2023	\$ 1,719,432.61	✓

APPROVED

DEC 13 2023

**CALHOUN COUNTY /
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---December 13, 2023

PAYABLES AND PAYROLL

12/7/2023 Weekly Payables	507,423.02
12/7/2023 Patient Refunds	773.60
12/11/2023 Citibank Credit Card-see attached	412.02
12/11/2023 Stericycle Inc.-shredding	2,795.69
12/11/2023 Republic Services Inc.-waste	1,671.76
12/11/2023 Lowe's Business/SYNCB-late fee	29.00
12/11/2023 Discovery Medical Network-physician services 11/16-11/30/23	124,032.19
12/11/2023 Sparklight-internet	2,032.40
12/11/2023 McKesson-340B Prescription Expense	2,307.46
12/11/2023 Amerisource Bergen-340B Prescription Expense	529.38

Prosperity Electronic Bank Payments

12/4-12/6/23 Credit Card & Lease Fees	842.92
12/8/2023 Clearage-Patient Financing Service	117.37
12/4-12/8/23 Pay Plus-Patient Claims Processing Fee	237.48
12/6/2023 Harland Clarke-checks for NH accounts	90.02
12/8/2023 ExpertPay- child support	570.69
12/4/2023 Authnet Gateway Billing-3rd Party Payor Fee	32.70

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS \$ 643,897.70

TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES

12/7/2023 MMC Operating to Crescent-correction of NH insurance payment deposited into MMC Operating in error	15,960.00
12/7/2023 MMC Operating to Golden Creek-correction of NH insurance payment deposited into MMC Operating in error	72,984.67
12/7/2023 MMC Operating to Gulf Pointe Plaza - correction of NH insurance payment deposited into MMC Operating in error	1,319.51
12/7/2023 MMC Operating to Tuscany Village-correction of NH insurance payment deposited into MMC Operating in error	13,420.45
12/7/2023 MMC Operating to Bethany-correction of NH insurance payment deposited into MMC Operating in error	80,717.64

TOTAL TRANSFERS BETWEEN FUNDS \$ 184,402.27

NURSING HOME UPL EXPENSES

12/11/2023 Nursing Home UPL-Cantex Transfer	393,719.91
12/11/2023 Nursing Home UPL-Nexion Transfer	139,669.69
12/11/2023 Nursing Home UPL-HMG Transfer	105,182.61
12/11/2023 Nursing Home UPL-Tuscany Transfer	112,625.29
12/11/2023 Nursing Home UPL-HSL Transfer	102,789.68

QIPP CHECKS TO MMC

12/11/2023 Ashford	12,906.04
12/11/2023 Broadmoor	4,773.60
12/11/2023 Crescent	3,559.20
12/11/2023 Fort Bend	4,027.76
12/11/2023 Solera	3,863.82
12/11/2023 Tuscany	8,015.04

TOTAL NURSING HOME UPL EXPENSES \$ 891,132.64

TOTAL INTER-GOVERNMENT TRANSFERS \$0.00

GRAND TOTAL DISBURSEMENTS APPROVED December 13, 2023 \$ 1,719,432.61

RECEIVED BY THE COUNTY AUDITOR ON 12/07/2023 13:08 DEC 07 2023

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 12/29/2023

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Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
A1680	AIRGAS USA, LLC - CENTRAL DIV ✓	M		9144511314 ✓		11/30/202	11/30/202	12/25/202			2,481.16	0.00	0.00	2,481.16 ✓
	OXYGEN BULK			5504079739 ✓		11/30/202	11/30/202	12/25/202			284.42	0.00	0.00	284.42 ✓
	OXYGEN			550407978 ✓		11/30/202	11/30/202	12/25/202			1,101.05	0.00	0.00	1,101.05 ✓
	OXYGEN													
	Vendor Totals: Number Name										Gross	Discount	No-Pay	Net
	A1680 AIRGAS USA, LLC - CENTRAL DIV										3,866.63	0.00	0.00	3,866.63
14592	AMERICAN HEART ASSOCIATION INC ✓			570683 ✓		11/30/202	11/15/202	12/20/202			5,000.00	0.00	0.00	5,000.00 ✓
	SW HW 24 PLEDGE													
	Vendor Totals: Number Name										Gross	Discount	No-Pay	Net
	14592 AMERICAN HEART ASSOCIATION INC										5,000.00	0.00	0.00	5,000.00
A2150	ANNOUNCEMENTS PLUS TOO AGAIN ✓	W		800 ✓		12/06/202	12/19/202	12/29/202			13.00	0.00	0.00	13.00 ✓
	PRINTING			4669 ✓		12/06/202	05/04/202	05/14/202			82.99	0.00	0.00	82.99 ✓
	PRINTING													
	Vendor Totals: Number Name										Gross	Discount	No-Pay	Net
	A2150 ANNOUNCEMENTS PLUS TOO AGAIN										95.99	0.00	0.00	95.99
A2600	AUTO PARTS & MACHINE CO. ✓	W		016034		11/30/202	10/16/202	10/31/202			491.68	0.00	0.00	491.68 ✓
	SUPPLIES													
	Vendor Totals: Number Name										Gross	Discount	No-Pay	Net
	A2600 AUTO PARTS & MACHINE CO.										491.68	0.00	0.00	491.68
11756	AYA HEALTHCARE INC ✓			3745743 ✓		11/30/202	11/30/202	12/25/202			3,979.13	0.00	0.00	3,979.13 ✓
	KARIANN DUNN WE 11/23/23 ✓ LVM LPN													
	Vendor Totals: Number Name										Gross	Discount	No-Pay	Net
	11756 AYA HEALTHCARE INC										3,979.13	0.00	0.00	3,979.13
B1220	BECKMAN COULTER INC ✓	M		110724484 ✓		11/01/202	07/06/202	07/31/202			1,805.00	0.00	0.00	1,805.00 ✓
	SUPPLIES			110926851 ✓		11/01/202	10/18/202	11/12/202			467.40	0.00	0.00	467.40 ✓
	SUPPLIES			111001374 ✓		11/28/202	11/03/202	11/28/202			342.20	0.00	0.00	342.20 ✓
	SUPPLIES			110962982 ✓		11/28/202	11/06/202	12/01/202			1,634.66	0.00	0.00	1,634.66 ✓
	SUPPLIES													

110974980 ✓		11/28/202 11/13/202 12/08/202	379.87	0.00	0.00	379.87 ✓
	SUPPLIES					
110994686 ✓		11/28/202 11/21/202 12/16/202	507.52	0.00	0.00	507.52 ✓
	SUPPLIES					
110746867 ✓		11/30/202 07/18/202 08/12/202	1,424.79	0.00	0.00	1,424.79 ✓
	SUPPLIES					
110958016 ✓		11/30/202 11/03/202 11/28/202	982.00	0.00	0.00	982.00 ✓
	SUPPLIES					
110981608 ✓		11/30/202 11/15/202 12/10/202	1,288.45	0.00	0.00	1,288.45 ✓
	CONTRACT					
Vendor Totals: Number Name			Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	8,831.89	0.00	0.00	8,831.89

Vendor#	Vendor Name	Class	Pay Code							
10024	BECTON, DICKINSON & CO (BD) ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9112017734 ✓		11/28/202	11/17/202	12/17/202			266.75	0.00	0.00	266.75 ✓
	SUPPLIES									
Vendor Totals: Number Name			Gross	Discount	No-Pay	Net				
	10024	BECTON, DICKINSON & CO (BD)	266.75	0.00	0.00	266.75				

Vendor#	Vendor Name	Class	Pay Code							
13972	BEYER MECHANICAL LTD ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN2-031617 ✓		11/30/202	11/30/202	11/30/202			51,069.81	0.00	0.00	51,069.81 ✓
	REMAINING BALANCE									
Vendor Totals: Number Name			Gross	Discount	No-Pay	Net				
	13972	BEYER MECHANICAL LTD	51,069.81	0.00	0.00	51,069.81				

Vendor#	Vendor Name	Class	Pay Code							
14680	BLAIS MICROSCOPE COMPANY LLC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
090523	Supplies	11/30/202	09/05/202	10/05/202			575.00	0.00	0.00	575.00 ✓
Vendor Totals: Number Name			Gross	Discount	No-Pay	Net				
	14680	BLAIS MICROSCOPE COMPANY LLC	575.00	0.00	0.00	575.00				

Vendor#	Vendor Name	Class	Pay Code							
15132										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
258522 ✓		11/30/202	11/08/202	12/08/202			120.00	0.00	0.00	120.00 ✓
	PT REFUND									
Vendor Totals: Number Name			Gross	Discount	No-Pay	Net				
	15132		120.00	0.00	0.00	120.00				

Vendor#	Vendor Name	Class	Pay Code							
B1800	BRIGGS HEALTHCARE ✓	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
B445377 ✓		11/28/202	11/14/202	12/14/202			140.20	0.00	0.00	140.20 ✓
	SUPPLIES									
Vendor Totals: Number Name			Gross	Discount	No-Pay	Net				
	B1800	BRIGGS HEALTHCARE	140.20	0.00	0.00	140.20				

Vendor#	Vendor Name	Class	Pay Code							
C1048	CALHOUN COUNTY ✓	W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
52776374 ✓		11/30/202	11/27/202	12/27/202			508.67	508.37	0.00	508.67 508.37
	ELECTRICITY PT									
52779805 ✓		11/30/202	11/27/202	12/27/202			8.47	0.00	0.00	8.47 ✓
	ELECTRICITY MAIN									
52775458 ✓		11/30/202	11/27/202	12/27/202			33,076.53	0.00	0.00	33,076.53 ✓
	ELECTRICITY MAIN									

52775467 ✓		11/30/202 11/27/202 12/27/202	1,512.53	0.00	0.00	1,512.53 ✓
	ELECTRICITY CLINIC					
52775460 ✓		11/30/202 11/27/202 12/27/202	19.82	0.00	0.00	19.82 ✓
	ELECTRICITY MAIN					
120723		12/07/202 12/07/202 12/15/202	150,000.00	0.00	0.00	150,000.00 ✓
	LOAN PMT 6/18 ✓					
Vendor Totals: Number Name			Gross	Discount	No-Pay	Net
	C1048	CALHOUN COUNTY	185,126.02	0.00	0.00	185,126.02
Vendor#	Vendor Name	Class	Pay Code			
15152	✓					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay
120593		11/30/202	11/20/202	12/20/202		
	PT REFUND					
Vendor Totals: Number Name			Gross	Discount	No-Pay	Net
	15152	✓	1A			250.41
Vendor#	Vendor Name	Class	Pay Code			
15160	✓					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay
235055		11/30/202	11/27/202	12/27/202		
	PT REFUND					
Vendor Totals: Number Name			Gross	Discount	No-Pay	Net
	15160	✓				134.27
Vendor#	Vendor Name	Class	Pay Code			
13000	CLEARFLY ✓					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay
INV563818 ✓		12/01/202	12/01/202	12/15/202		
	PHONE					
Vendor Totals: Number Name			Gross	Discount	No-Pay	Net
	13000	CLEARFLY	1,208.25	0.00	0.00	1,208.25
Vendor#	Vendor Name	Class	Pay Code			
15116	COMPUGROUP MEDICAL - EMDS INC. ✓					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay
9090014701 ✓		11/30/202	08/31/202	12/23/202		
	EPCS SETUP					
9090024076R ✓		11/30/202	10/30/202	12/23/202		
	HOSTING 7/1-12/31/23					
Vendor Totals: Number Name			Gross	Discount	No-Pay	Net
	15116	COMPUGROUP MEDICAL - EMDS INC.	20,874.92	0.00	0.00	20,874.92
Vendor#	Vendor Name	Class	Pay Code			
12264	CROSSROADS MECHANICAL, INC ✓					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay
10269 ✓		11/30/202	10/26/202	11/26/202		
	CONDENSER FAN					
Vendor Totals: Number Name			Gross	Discount	No-Pay	Net
	12264	CROSSROADS MECHANICAL, INC	260.44	0.00	0.00	260.44
Vendor#	Vendor Name	Class	Pay Code			
12988	DIESEL FUEL MAINTENANCE, INC ✓					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay
11180 ✓		11/30/202	06/13/202	07/13/202		
	SAMPLE TESTING					
Vendor Totals: Number Name			Gross	Discount	No-Pay	Net
	12988	DIESEL FUEL MAINTENANCE, INC	350.00	0.00	0.00	350.00
Vendor#	Vendor Name	Class	Pay Code			
11291	DOWELL PEST CONTROL ✓					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay
23135 ✓		11/30/202	11/27/202	11/28/202		

PEST CONTROL											
23158	✓		11/30/202	11/27/202	12/22/202		105.00	0.00	0.00	105.00	✓
PESTS CONTROL											
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		11291	DOWELL PEST CONTROL				610.00	0.00	0.00	610.00	
Vendor#	Vendor Name		Class	Pay Code							
15108	✓	JS									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
249729	✓		11/30/202	11/27/202	12/15/202		45.00	0.00	0.00	45.00	✓
REFUND- JACOB											
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		15108	IS				45.00	0.00	0.00	45.00	
Vendor#	Vendor Name		Class	Pay Code							
10175	✓	DSHS CENTRAL LAB MC2004									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
110223			11/30/202	11/02/202	11/27/202		1,271.00	0.00	0.00	1,271.00	✓
LAB SERV											
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		10175	DSHS CENTRAL LAB MC2004				1,271.00	0.00	0.00	1,271.00	
Vendor#	Vendor Name		Class	Pay Code							
11284	✓	EMERGENCY STAFFING SOLUTIONS									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
42755	✓		11/30/202	11/30/202	12/10/202		9,465.00	0.00	0.00	9,465.00	✓
PHYSICIAN SERV <i>CAPEKI SAAVEDRA Thompson</i>											
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		11284	EMERGENCY STAFFING SOLUTIONS				9,465.00	0.00	0.00	9,465.00	
Vendor#	Vendor Name		Class	Pay Code							
14136	✓	EPI-EDWARD PLUMBING									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
67076	✓		12/06/202	12/05/202	12/06/202		5,966.00	0.00	0.00	5,966.00	✓
LEAK REPAIR											
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		14136	EPI-EDWARD PLUMBING				5,966.00	0.00	0.00	5,966.00	
Vendor#	Vendor Name		Class	Pay Code							
15052	✓	FAVORITE HEALTHCARE STAFFING									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
1469880	✓		11/30/202	11/15/202	12/01/202		5,771.25	0.00	0.00	5,771.25	✓
1462884R			11/30/202	11/29/202	12/01/202		23.75	0.00	0.00	23.75	✓
1471497	✓		11/30/202	11/29/202	12/20/202		3,538.75	0.00	0.00	3,538.75	✓
LYSSA CORTINAS W/E <i>RV</i>											
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net	
		15052	FAVORITE HEALTHCARE STAFFING				9,333.75	0.00	0.00	9,333.75	
Vendor#	Vendor Name		Class	Pay Code							
14336	✓	FIRETRON, INC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
219362	✓		11/30/202	02/13/202	03/15/202		220.00	0.00	0.00	220.00	✓
SENSOR REPLACEMENT											
235138	✓		11/30/202	08/17/202	09/16/202		375.00	0.00	0.00	375.00	✓
FIRE EXTINGUISHER											
238421	✓		11/30/202	09/27/202	10/27/202		240.00	0.00	0.00	240.00	✓
SMOKE DETECTOR REPL											
243280	✓		11/30/202	11/28/202	12/28/202		1,475.00	0.00	0.00	1,475.00	✓
SPRINKLERS											
243281	✓		11/30/202	11/28/202	12/28/202		240.00	0.00	0.00	240.00	✓

SMOKE DETECTOR

Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		14336	FIRETRON, INC				2,550.00	0.00	0.00	2,550.00
Vendor#	Vendor Name			Class	Pay Code					
10599	FORVIS ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1926871 ✓		11/30/202	11/30/202	12/25/202			14,150.00	0.00	0.00	14,150.00 ✓
	DY 13 US PMT									
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		10599	FORVIS				14,150.00	0.00	0.00	14,150.00
Vendor#	Vendor Name			Class	Pay Code					
11183	FRONTIER ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
112323		11/30/202	11/23/202	12/18/202			25.82	0.00	0.00	25.82 ✓
	PHONE									
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		11183	FRONTIER				25.82	0.00	0.00	25.82
Vendor#	Vendor Name			Class	Pay Code					
15128	GEORGE SEALY MASSINGILL M.D. ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
113023		11/30/202	11/30/202	12/15/202			1,059.46	0.00	0.00	1,059.46 ✓
	TRAVEL									
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		15128	GEORGE SEALY MASSINGILL M.D.				1,059.46	0.00	0.00	1,059.46
Vendor#	Vendor Name			Class	Pay Code					
W1300	GRAINGER ✓			M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9920719144 ✓		11/30/202	11/30/202	12/25/202			449.00	0.00	0.00	449.00 ✓
	SUPPLIES									
9919742008 ✓		11/30/202	11/30/202	12/25/202			98.40	0.00	0.00	98.40 ✓
	SUPPLIES									
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		W1300	GRAINGER				547.40	0.00	0.00	547.40
Vendor#	Vendor Name			Class	Pay Code					
12380	HEALTH SOLUTIONS DIETETICS ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
112423		11/30/202	11/24/202	12/15/202			3,400.00	0.00	0.00	3,400.00 ✓
	DIETICIAN SERV (113-11/24/23)									
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		12380	HEALTH SOLUTIONS DIETETICS				3,400.00	0.00	0.00	3,400.00
Vendor#	Vendor Name			Class	Pay Code					
H0031	HEB CREDIT RECEIVABLES DEPT308									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
11272023		11/30/202	11/27/202	12/25/202			1,118.88	0.00	0.00	1,118.88 1117.88
	SUPPLIES									
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		H0031	HEB CREDIT RECEIVABLES DEPT308				<u>1,118.88</u>	0.00	0.00	<u>1,118.88</u> 1117.88
Vendor#	Vendor Name			Class	Pay Code					
H0416	HOLOGIC INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
10742479 ✓		11/28/202	11/14/202	12/29/202			708.75	0.00	0.00	708.75 ✓
	SUPPLIES									
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		H0416	HOLOGIC INC				708.75	0.00	0.00	708.75
Vendor#	Vendor Name			Class	Pay Code					
11692	INJOY HEALTH EDUCATION ✓									

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV-347376 ✓		11/30/202	11/27/202	12/20/202			225.00	0.00	0.00	225.00 ✓
ANNUAL PORTAL FEE										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
11692 INJOY HEALTH EDUCATION							225.00	0.00	0.00	225.00
Vendor#	Vendor Name			Class	Pay Code					
11200	IRON MOUNTAIN ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
HZGZ322 ✓		11/29/202	11/28/202	12/28/202			1,373.76	0.00	0.00	1,373.76 ✓
SHREDDING										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
11200 IRON MOUNTAIN							1,373.76	0.00	0.00	1,373.76
Vendor#	Vendor Name			Class	Pay Code					
11108	ITERSOURCE CORPORATION ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
711713 ✓		12/01/202	12/01/202	12/02/202			250.00	0.00	0.00	250.00 ✓
MONTHLY PHONE SUPPORT										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
11108 ITERSOURCE CORPORATION							250.00	0.00	0.00	250.00
Vendor#	Vendor Name			Class	Pay Code					
15156	✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
247507 ✓		11/30/202	11/21/202	12/21/202			120.00	0.00	0.00	120.00 ✓
PT REFUND										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
15156							120.00	0.00	0.00	120.00
Vendor#	Vendor Name			Class	Pay Code					
14720	LABORIE MEDICAL TECHNOLOGIES ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
90511991 ✓		11/30/202	11/06/202	12/07/202			389.75	0.00	0.00	389.75 ✓
SUPPLIES										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
14720 LABORIE MEDICAL TECHNOLOGIES							389.75	0.00	0.00	389.75
Vendor#	Vendor Name			Class	Pay Code					
L1001	LANDAUER INC ✓			W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
101169084 ✓		11/30/202	11/15/202	12/15/202			743.30	0.00	0.00	743.30 ✓
DOSIMETRY SERVICES										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
L1001 LANDAUER INC							743.30	0.00	0.00	743.30
Vendor#	Vendor Name			Class	Pay Code					
L1288	LANGUAGE LINE SERVICES ✓			W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
11166919 ✓		11/30/202	11/30/202	12/25/202			73.10	0.00	0.00	73.10 ✓
INTERPRETATION										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
L1288 LANGUAGE LINE SERVICES							73.10	0.00	0.00	73.10
Vendor#	Vendor Name			Class	Pay Code					
10972	M G TRUST ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
113023		11/30/202	11/30/202	12/15/202			1,115.86	0.00	0.00	1,115.86 ✓
PAYROLL DEDUCT										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
10972 M G TRUST							1,115.86	0.00	0.00	1,115.86
Vendor#	Vendor Name			Class	Pay Code					
15140	✓									

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
241251 ✓		11/30/202	11/15/202	12/15/202			70.30	0.00	0.00	70.30 ✓
	PT REFUND									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
15140							70.30	0.00	0.00	70.30
Vendor#	Vendor Name				Class	Pay Code				
11141	MEDICAL DATA SYSTEMS, INC. ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
187275 ✓		11/30/202	11/30/202	12/15/202			55.05	0.00	0.00	55.05 ✓
	BUSINESS SERV									
187477 ✓		11/30/202	11/30/202	12/15/202			1,391.63	0.00	0.00	1,391.63 ✓
	COLLECTION FEES									
187478 ✓		11/30/202	11/30/202	12/25/202			5.82	0.00	0.00	5.82 ✓
	COLLECTION FEES									
187476 ✓		11/30/202	11/30/202	12/25/202			644.27	0.00	0.00	644.27 ✓
	COLLECTION FEES									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
11141 MEDICAL DATA SYSTEMS, INC.							2,096.77	0.00	0.00	2,096.77
Vendor#	Vendor Name				Class	Pay Code				
10613	MEDIMPACT HEALTHCARE SYS, INC. ✓				A/P					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
111423 51113		11/30/202	11/14/202	12/14/202			20.72	0.00	0.00	20.72 ✓
	INDIGENT									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
10613 MEDIMPACT HEALTHCARE SYS, INC.							20.72	0.00	0.00	20.72
Vendor#	Vendor Name				Class	Pay Code				
M2470	MEDLINE INDUSTRIES INC ✓				M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2296017228 ✓		11/28/202	11/28/202	12/23/202			76.19	0.00	0.00	76.19 ✓
	SUPPLIES									
2296017227 ✓		11/28/202	11/28/202	12/23/202			9.84	0.00	0.00	9.84 ✓
	SUPPLIES									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
M2470 MEDLINE INDUSTRIES INC							86.03	0.00	0.00	86.03
Vendor#	Vendor Name				Class	Pay Code				
10963	MEMORIAL MEDICAL CLINIC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
113023		11/30/202	11/30/202	12/15/202			416.26	0.00	0.00	416.26 ✓
	PAYROLL DEDUCT									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
10963 MEMORIAL MEDICAL CLINIC							416.26	0.00	0.00	416.26
Vendor#	Vendor Name				Class	Pay Code				
15124	MIMEDX GROUP INC. ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
902071 ✓		11/30/202	05/30/202	06/30/202			13,698.00	0.00	0.00	13,698.00 ✓
	EPIFIX 7X7									
902075 ✓		11/30/202	05/30/202	06/30/202			10,418.00	0.00	0.00	10,418.00 ✓
	EPIFIX									
911389 ✓		12/01/202	08/03/202	09/03/202			10,418.00	0.00	0.00	10,418.00 ✓
	EPIFIX									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
15124 MIMEDX GROUP INC.							34,534.00	0.00	0.00	34,534.00
Vendor#	Vendor Name				Class	Pay Code				
10536	MORRIS & DICKSON CO, LLC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
09220330 ✓		11/30/202	02/12/202	02/22/202			-67.16	0.00	0.00	-67.16 ✓

1149714	CREDIT	11/30/202	10/11/202	10/21/202			3,351.75	0.00	0.00	3,351.75
1199475	INVENTORY	11/30/202	10/24/202	11/03/202			0.08	0.00	0.00	0.08
1199474	INVENTORY	11/30/202	10/24/202	11/03/202			20.07	0.00	0.00	20.07
1226366	INVENTORY	11/30/202	10/31/202	11/10/202			5,175.12	0.00	0.00	5,175.12
1292329	INVENTORY	11/30/202	11/15/202	11/25/202			2,915.34	0.00	0.00	2,915.34
SC3862	INVENTORY SC	11/30/202	11/27/202	12/07/202			52.86	0.00	0.00	52.86
SC3863	INVENTORY SC	11/30/202	11/27/202	12/07/202			112.31	0.00	0.00	112.31
SC3864	INVENTORY SC	11/30/202	11/27/202	12/07/202			31.13	0.00	0.00	31.13
1342865	INVENTORY	11/30/202	11/29/202	12/09/202			1,682.34	0.00	0.00	1,682.34
1342864	INVENTORY	11/30/202	11/29/202	12/09/202			156.73	0.00	0.00	156.73
1348249	INVENTORY	11/30/202	11/30/202	12/10/202			36.57	0.00	0.00	36.57
1348247	INVENTORY	11/30/202	11/30/202	12/10/202			67.47	0.00	0.00	67.47
1348248	INVENTORY	11/30/202	11/30/202	12/10/202			4,773.19	0.00	0.00	4,773.19
1355753	INVENTORY	12/01/202	12/03/202	12/13/202			3.32	0.00	0.00	3.32
1355754	INVENTORY	12/01/202	12/03/202	12/13/202			1,201.57	0.00	0.00	1,201.57

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	19,512.69	0.00	0.00	19,512.69

Vendor# Vendor Name Class Pay Code

12096	NEOGENOMICS LABORATORIES									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7016218	LAB SERV	11/30/202	11/30/202	12/15/202			12,165.00	0.00	0.00	12,165.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12096	NEOGENOMICS LABORATORIES	12,165.00	0.00	0.00	12,165.00

Vendor# Vendor Name Class Pay Code

13624	NEXION HEALTH AT NAVASOTA INC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
20230702NOV	TELEMED NOV 23	11/30/202	11/30/202	12/15/202			1,000.00	0.00	0.00	1,000.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13624	NEXION HEALTH AT NAVASOTA INC	1,000.00	0.00	0.00	1,000.00

Vendor# Vendor Name Class Pay Code

12708	POC ELECTRIC, LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
3957	MATERIALS	12/06/202	12/04/202	12/06/202			2,720.00	0.00	0.00	2,720.00
3960	MATERIAL	12/06/202	12/05/202	12/06/202			3,127.50	0.00	0.00	3,127.50

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12708	POC ELECTRIC, LLC	5,847.50	0.00	0.00	5,847.50

Vendor#	Vendor Name	Class	Pay Code							
11480	PORT LAVACA PLUMBING ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
000187 ✓		11/30/202	11/16/202	12/07/202			550.00	0.00	0.00	550.00 ✓
	CLEAR DRAIN									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	11480	PORT LAVACA PLUMBING					550.00	0.00	0.00	550.00
P2200	POWER HARDWARE ✓		W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
113023		11/30/202	11/30/202	12/10/202			126.79	0.00	0.00	126.79 ✓
	SUPPLIES									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	P2200	POWER HARDWARE					126.79	0.00	0.00	126.79
10372	PRECISION DYNAMICS CORP (PDC) ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9354679430 ✓		11/30/202	11/14/202	12/14/202			204.36	0.00	0.00	204.36 ✓
	SUPPLIES									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	10372	PRECISION DYNAMICS CORP (PDC)					204.36	0.00	0.00	204.36
11251	RAPID PRINTING LLC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
20216 ✓		11/30/202	10/20/202	11/01/202			170.52	0.00	0.00	170.52 ✓
	COROPLAST SIGNS									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	11251	RAPID PRINTING LLC					170.52	0.00	0.00	170.52
11764	ROBERT RODRIQUEZ ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
120423		12/04/202	12/04/202	12/15/202			21.75	0.00	0.00	21.75 ✓
	TRAVEL 12/3/23 HEB Plus Sam's									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	11764	ROBERT RODRIQUEZ					21.75	0.00	0.00	21.75
S1700	SHARN INC ✓		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN02023588 ✓		11/30/202	08/16/202	09/16/202			131.76	0.00	0.00	131.76 ✓
	SUPPLIES									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	S1700	SHARN INC					131.76	0.00	0.00	131.76
10936	SIEMENS FINANCIAL SERVICES ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
56382400011632 ✓		11/30/202	11/24/202	12/14/202			4,038.24	0.00	0.00	4,038.24 ✓
	RENTAL									
56382400012553 ✓		11/30/202	11/29/202	12/19/202			1,333.33	0.00	0.00	1,333.33 ✓
	LEASE									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
	10936	SIEMENS FINANCIAL SERVICES					5,371.57	0.00	0.00	5,371.57
14868	SINGLETON ASSOCIATES, P.A. ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
246-113023-001 ✓		11/30/202	11/30/202	12/01/202			16,066.66	0.00	0.00	16,066.66 ✓
	ONSITE SERVICES NOV 23									

Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		14868	SINGLETON ASSOCIATES, P.A.				16,066.66	0.00	0.00	16,066.66
Vendor#	Vendor Name		Class	Pay Code						
12472	SOMETHING MORE MEDIA, INC. ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2159 ✓		11/30/202	11/29/202	12/14/202			2,525.00	0.00	0.00	2,525.00 ✓
ADVERTISING										
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		12472	SOMETHING MORE MEDIA, INC.				2,525.00	0.00	0.00	2,525.00
Vendor#	Vendor Name		Class	Pay Code						
11296	SOUTH TEXAS BLOOD & TISSUE CEN ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
I07036307 ✓		11/30/202	11/30/202	12/25/202			4,717.00	0.00	0.00	4,717.00 ✓
BLOOD										
CM10985 ✓		11/30/202	11/30/202	12/25/202			-792.00	0.00	0.00	-792.00 ✓
CREDIT										
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		11296	SOUTH TEXAS BLOOD & TISSUE CEN				3,925.00	0.00	0.00	3,925.00
Vendor#	Vendor Name		Class	Pay Code						
12288	SPBS CLINICAL EQUIPMENT SRVC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV019731223 ✓		12/01/202	12/01/202	12/02/202			9,458.59	0.00	0.00	9,458.59 ✓
CONTRACT										
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		12288	SPBS CLINICAL EQUIPMENT SRVC				9,458.59	0.00	0.00	9,458.59
Vendor#	Vendor Name		Class	Pay Code						
15144	STACEY HAFERNICK ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
257126 ✓		11/30/202	11/17/202	12/17/202			47.25	0.00	0.00	47.25 ✓
PT REFUND										
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		15144	STACEY HAFERNICK				47.25	0.00	0.00	47.25
Vendor#	Vendor Name		Class	Pay Code						
11772	STERIS INSTRUMENT MANAGEMENT ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2302913 ✓		11/30/202	08/20/202	09/14/202			51.75	0.00	0.00	51.75 ✓
SUPPLIES										
2310972 ✓		11/30/202	09/07/202	10/02/202			391.00	0.00	0.00	391.00 ✓
SUPPLIES										
2313148 ✓		11/30/202	09/10/202	10/05/202			526.00	0.00	0.00	526.00 ✓
SUPPLIES										
2422993 ✓		11/30/202	03/29/202	04/23/202			51.75	0.00	0.00	51.75 ✓
SUPPLIES										
2422966 ✓		11/30/202	03/29/202	04/23/202			52.61	0.00	0.00	52.61 ✓
SUPPLIES										
2448308 ✓		11/30/202	05/23/202	06/17/202			57.34	0.00	0.00	57.34 ✓
SUPPLIES										
2473611 ✓		11/30/202	07/18/202	08/12/202			52.97	0.00	0.00	52.97 ✓
SUPPLIES										
2421048 ✓		11/30/202	03/25/202	04/19/202			280.76	0.00	0.00	280.76 ✓
SUPPLIES										
2441179 ✓		11/30/202	05/04/202	05/29/202			167.66	0.00	0.00	167.66 ✓
SUPPLIES										
2703721 ✓		11/30/202	11/13/202	12/08/202			59.04	0.00	0.00	59.04 ✓
SUPPLIES										
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net

Vendor#	Vendor Name	Class	Pay Code							
11772	STERIS INSTRUMENT MANAGEMENT			1,690.88	0.00	0.00	1,690.88			
Vendor#	Vendor Name	Class	Pay Code							
14212	SURGICAL DIRECT SOUTH ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9310 ✓		11/30/202	07/25/202	08/25/202			3,865.00	0.00	0.00	3,865.00 ✓
	SUPPLIES									
9317 ✓		11/30/202	11/28/202	12/28/202			2,200.00	0.00	0.00	2,200.00 ✓
	SUPLIES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	14212	SURGICAL DIRECT SOUTH					6,065.00	0.00	0.00	6,065.00
Vendor#	Vendor Name	Class	Pay Code							
T1450	TEXAS ASSOCIATION OF COUNTIES ✓	W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
DP-2023-3-0292 ✓		11/30/202	11/08/202	12/08/202			2,291.33	0.00	0.00	2,291.33 ✓
	3RD QTR UNEMPLOYMT 2023									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	T1450	TEXAS ASSOCIATION OF COUNTIES					2,291.33	0.00	0.00	2,291.33
Vendor#	Vendor Name	Class	Pay Code							
T2204	TEXAS MUTUAL INSURANCE CO ✓	W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1005232035		11/30/202	11/30/202	12/20/202			9,918.00	0.00	0.00	9,918.00 ✓
	WORKERS COMP									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	T2204	TEXAS MUTUAL INSURANCE CO					9,918.00	0.00	0.00	9,918.00
Vendor#	Vendor Name	Class	Pay Code							
10758	TEXAS SELECT STAFFING, LLC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0023090 ✓		11/30/202	11/09/202	11/10/202			4,125.00	0.00	0.00	4,125.00 ✓
	BRANDON BATES WE 11/4/23 RN ✓									
0023185 ✓		11/30/202	11/30/202	12/01/202			6,380.00	0.00	0.00	6,380.00 ✓
	B BATES M MARTIN WE 11/25/23 RN ✓									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10758	TEXAS SELECT STAFFING, LLC					10,505.00	0.00	0.00	10,505.00
Vendor#	Vendor Name	Class	Pay Code							
T2250	TK ELEVATOR CORPORATION ✓	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5002311723 ✓		11/30/202	11/21/202	12/07/202			1,006.00	0.00	0.00	1,006.00 ✓
	LABOR/TRAVEL/OIL GREASE									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	T2250	TK ELEVATOR CORPORATION					1,006.00	0.00	0.00	1,006.00
Vendor#	Vendor Name	Class	Pay Code							
U1064	UNIFIRST HOLDINGS INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2921019595 ✓		11/30/202	11/30/202	12/25/202			201.02	0.00	0.00	201.02 ✓
	LAUNDRY									
2921019597 ✓		11/30/202	11/30/202	12/25/202			41.05	0.00	0.00	41.05 ✓
	LAUNDRY									
2921019598 ✓		11/30/202	11/30/202	12/25/202			301.04	0.00	0.00	301.04 ✓
	LAUNDRY									
2921019594 ✓		11/30/202	11/30/202	12/25/202			122.26	0.00	0.00	122.26 ✓
	LAUNDRY									
2921019601 ✓		11/30/202	11/30/202	12/25/202			112.46	0.00	0.00	112.46 ✓
	LAUNDRY									
2921019596 ✓		11/30/202	11/30/202	12/25/202			2,131.13	0.00	0.00	2,131.13 ✓
	LAUNDRY									
2921019600 ✓		11/30/202	11/30/202	12/25/202			319.07	0.00	0.00	319.07 ✓

2921019599 ✓	LAUNDRY	11/30/202	11/30/202	12/25/202			254.19	0.00	0.00	254.19 ✓
2921019793 ✓	LAUNDRY	12/01/202	12/04/202	12/29/202			91.80	0.00	0.00	91.80 ✓
2921019792 ✓	LAUNDRY	12/01/202	12/04/202	12/29/202			2,882.37	0.00	0.00	2,882.37 ✓

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	6,456.39	0.00	0.00	6,456.39

Vendor# Vendor Name Class Pay Code

11280	VICTORIA ADVOCATE ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0321539		11/30/202	11/30/202	12/15/202			27.10	0.00	0.00	27.10 ✓

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11280	VICTORIA ADVOCATE	27.10	0.00	0.00	27.10

Vendor# Vendor Name Class Pay Code

10768	VICTORIA MEDICAL FOUNDATION ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
14-2195 ✓		11/30/202	11/21/202	11/22/202			208.30	0.00	0.00	208.30 ✓

14-2194 ✓	MEMBERSHIP DUES - T NORMAN	11/30/202	11/21/202	11/22/202			302.05	0.00	0.00	302.05 ✓
	MEMBERSHIP DUES M RUPLEY									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10768	VICTORIA MEDICAL FOUNDATION	510.35	0.00	0.00	510.35

Vendor# Vendor Name Class Pay Code

12208	WAGeworks ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV5895635 ✓		11/30/202	11/27/202	12/15/202			475.25	0.00	0.00	475.25 ✓

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12208	WAGeworks	475.25	0.00	0.00	475.25

Vendor# Vendor Name Class Pay Code

14624	WELLMED MEDICAL MANAGEMENT ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
257573 ✓		11/30/202	11/13/202	12/13/202			178.16	0.00	0.00	178.16 ✓

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14624	WELLMED MEDICAL MANAGEMENT	178.16	0.00	0.00	178.16

Vendor# Vendor Name Class Pay Code

10556	WOUND CARE SPECIALISTS ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
WCS00006342 ✓		11/30/202	11/01/202	11/30/202			16,750.00	0.00	0.00	16,750.00 ✓

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10556	WOUND CARE SPECIALISTS	16,750.00	0.00	0.00	16,750.00

Vendor# Vendor Name Class Pay Code

15148	PT REFUND									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
258294		11/30/202	11/17/202	12/17/202			19.11	0.00	0.00	19.11 ✓

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15148		19.11	0.00	0.00	19.11

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	507,424.31	0.00	0.00	507,424.31

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DEC 07 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 201900-201901

507,424.31 +
508.67 -
508.37 +
1,118.88 -
1,117.89 +
507,423.02 *

507,424.31
pg 2 correction { < 508.67 >
 + 508.37
pg 5 correction { < 1,118.88 >
 + 1,117.89

507423.02

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COUNTY AUDITOR ON
DEC 07 2023
TIME: 12:19

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 1
APCDEDIT

PATIENT
NUMBER PAYER NAME
CALHOUN COUNTY, TEXAS

PATIENT NUMBER	PAYER NAME	DATE	AMOUNT	PAY PAT	CODE	TYPE	DESCRIPTION	GL NUM
		113023	26.01	✓	2		REFUND FO	
		113023	412.22	✓	2		REFUND FO	
		113023	50.00	✓	2		REFUND FO	
		113023	175.00	✓	2		REFUND FO	
		113023	10.37	✓	2		REFUND FO	
		113023	100.00	✓	3		REFUND FO	

ARID=0001 TOTAL

773.60

TOTAL

773.60

APPROVED ON

DEC 07 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL# 201988 - 211933

CITIBANK CORPORATE CARD

Account Statement

Commercial Card Account
ROSHANDA S THOMAS



Account Inquiries:
Toll Free: 1-(800)-248-4553
Internal only: 1-(904)-954-7314
TDD/TTY: 1-(877)-505-7276

Account Number: XXXX-XXXX-XXXX-9457

Summary of Account Activity	
Total Activity	\$412.02

Not an invoice. For your records only.	
Credit Limit	\$15,000
Cash Advance Limit	\$0
Statement Closing Date	12/03/2023
Days in Billing Period	30

Send Notice of Billing Errors and Customer Service Inquiries to:
CITIBANK, N.A., PO BOX 6125, SIOUX FALLS SD 57117-6125

Transactions

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
----- NOTICE MEMO ITEM(S) LISTED BELOW -----					
11/07	11/06	9399	55488723311091277000696	1 TXDPS CR/ME RECS AUSTIN TX 78752 USA	122.96 ✓
11/07	11/06	9399	05134373311600040185233	2 NPDB NPDB.HRSA.GOV FAIRFAX VA 22033 USA	2.50 ✓
				N101100413	
11/07	11/06	9399	05134373311600040185316	3 NPDB NPDB.HRSA.GOV FAIRFAX VA 22033 USA	2.50 ✓
				N101100600	
11/16	11/15	3665	55436873320163201208276	4 HAMPTON INNS PORT LAVACA TX 77979 USA	134.47 ✓
				00904587	
				CHECK IN: 11/14/2023	
				00904587	
11/29	11/28	5074	55446413332839203072252	5 FERGUSON ENT #787 VICTORIA TX 77904 USA	149.59 ✓
				MEMORIAL/PL	
----- TOTAL AMOUNT OF MEMO ITEM(S) -----					\$412.02

40510093
40510090
11
40600001
40220063

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DEC 11 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

Page 1 of 2

CITIBANK, N.A.
PO BOX 6125
SIOUX FALLS SD 57117-6125

Account Number XXXX-XXXX-XXXX-9457
Statement Closing Date December 03, 2023

Not an invoice.
For your records only

ROSHANDA S THOMAS
202 S ANN ST
PORT LAVACA TX 77979-4204

00007905040

MEMORIAL MEDICAL CENTER PURCHASE ORDER

Bill To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Ship To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Vendor Name: Citi bank
Vendor Address: _____
Vendor Phone #: _____
Vendor Fax #: _____

Date: 12/5/2023
P.O. # _____
Account # _____
Initiated By: _____

Form # 9401

Date Required		Expense #	Department	Deliver To		
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	-		TXDPS crime Recs -			122.96 ^v
2		122-96 =	Credit purchases for Back-ground checks - HR + Credentialing			
		2-50 +				
3		2-50 =				
		134-47 =	NPDB X1 provider			
4		149-59 +				2.50
		412-02 *	" "			2.50
5						
6	-		Hampton Inns - Hotel for		(11/14/23)	134.47
7			Dr. David Hobson, DB/Gyn.		per contract	
8	-		Ferguson Ent - Plant Svs			149.59
9			(plumbing parts)			
10						

Est. Freight _____ Est. Total Cost _____ TOTAL COST \$412.02

NOTES:

Charges made to Roshandia's MC

Contact:	Date:
Quoted By:	
Buyer:	E.T.A.:

Dept. Director _____
Dir. Nursing _____
Dir. Clinical Services _____
CFO _____
Administrator <u>Roshandia Thomas 12/6/23</u>

MEMORIAL MEDICAL CENTER PURCHASE ORDER

Bill To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Ship To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Vendor Name: Citibank

Date: 12/5/2023

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required		Expense #	Department	Deliver To		
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	-		TXDPS Crime Recs -			122.96
2		122-96 +	Credit purchases for Back-			
		2-50 +	ground checks - HR + Credentialing			
3		2-50 +				
		134-47 +				
4		149-59 +	NPDB X1 provider			2.50
		412-11 *	"			2.50
5			"			2.50
6	-		Hampton Inns - Hotel for		(11/14/23)	134.47
7			Dr. David Hobson, DB/Gyn.		per contract	
8	-		Ferguson Ent - Plant Svs			149.59
9			(plumbing parts)			
10						

Est. Freight _____

Est. Total Cost _____

TOTAL COST \$412.02

NOTES:

Charges made to Roshandai's MC

Contact:	Date:
Quoted By:	
Buyer:	E.T.A.:

Dept. Director _____
Dir. Nursing _____
Dir. Clinical Services _____
CFO _____
Administrator <u>Roshandai Thomas 12/6/23</u>

CITIBANK CORPORATE CARD

Account Statement



Commercial Card Account
C0001 CALHOUN COUNTY MMC

Account Inquiries:
Toll Free: 1-(800)-248-4553
International: 1-(904)-954-7314
TDD/TTY: 1-(877)-505-7276

Account Number: XXXX-XXXX-XXXX-2799
Invoice # 3653004065

Previous Balance		\$2,305.56
Payments		\$2,563.06
Credits		\$0.00
Purchases & Other Charges	2,305.56 +	\$412.02
Cash Transactions	2,563.06 -	\$0.00
Cash Transaction Fees		\$0.00
Interest Charges	257.50 *	\$0.00

New Balance	\$154.52
Past Due Amount	\$0.00
Disputed Amount	\$0.00
Amount Over Credit Limit	\$0.00
Minimum Payment Due	\$154.52
Payment Due Date	12/28/2023
Statement Closing Date	12/03/2023
Days in Billing Period	30

Credit Limit	\$30,000
Available Credit Limit	\$29,845
Cash Advance Limit	\$0
Available Cash Advance Limit	\$0

Send Notice of Billing Errors and Customer Service Inquiries to:
CITIBANK, N.A., PO BOX 6125, SIOUX FALLS SD 57117-6125

Company Transactions

Account: XXXX-XXXX-XXXX-2799 C0001 CALHOUN COUNTY MMC Total Activity: (\$2,563.06)

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
11/28	11/27	0000	75563973332332000004783	1 PAYMENT THANK YOU	2,563.06 PY

Cardholder Transactions

Account: XXXX-XXXX-XXXX-9457 ROSHANDA S THOMAS Total Activity: \$412.02

Credit Limit: \$15,000 Cash Limit: \$0

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
11/07	11/06	9399	55488723311091277000696	1 TXDPS CRIME RECS AUSTIN TX 78752 USA	122.96
11/07	11/06	9399	05134373311600040185233	2 NPDB NPDB.HRSA.GOV FA/RFAX VA N101100413 22033 USA	2.50
11/07	11/06	9399	05134373311600040185316	3 NPDB NPDB.HRSA.GOV FA/RFAX VA N101100600 22033 USA	2.50

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION Page 1 of 4

Please deposit and return envelope with your payment in original unopened condition. Return paper for your records.

Citi CITIBANK, N.A.
PO BOX 6125
SIOUX FALLS SD 57117-6125

CITIBANK, N.A.
PO BOX 78025
PHOENIX AZ 85062-8025

Account Number XXXX-XXXX-XXXX-2799
Payment Due Date December 28, 2023
New Balance \$154.52
Past Due Amount \$0.00
Minimum Payment Due \$154.52

Mail
Checks
To

Amount Enclosed
\$

Past Due Amount is included in the Minimum Payment Due

C0001 CALHOUN COUNTY MMC
RHONDA KOKENA
STE A
202 S ANN ST
PORT LAVACA TX 77979-4204

28000 0015452 0015452 0256306 05567090005272799 0309

Information About Your Citi® Corporate Card Account

- **Report a Lost or Stolen Card Immediately:** Our telephone lines are open every day 24 hours a day. Call the Customer Service telephone number specified on the front of the statement to report a lost or stolen Citi Corporate Card.
- **Cardholder Credit Line:** Each Cardholder has an individual Credit Line (a portion of which may be used for Cash Advances) which is the maximum amount that the Cardholder can charge at any time. The size of each Cardholder's Credit Line (and Cash Limit) if any, is determined by the Company and is a portion of the total Company Credit Line.
- **To increase or Reallocate a Company or Cardholder Credit Line:** The Company may request changes or credits by contacting Citi Corporate Card Customer Services. Our telephone lines are open every day, 24 hours a day at the telephone number specified on the front of the statement.
- **Additional Cardholders:** The Company may request applications for additional Cardholders by contacting Citi Corporate Card Service. Our telephone lines are open every day 24 hours a day at the telephone number specified on the front of the statement. Limit one Citi Corporate Card per Cardholder.
- **Citi Manager® Online Tool:** You can easily manage your Citi Corporate Card online using the Citi Manager online tool. Citi Manager enables you to manage business expenses from anywhere around the globe from your computer or mobile device; you can view statements online as well as confirm account balances. To register for Citi Manager, please log on to www.citi-manager.com/online and click on the "Sign up" button for Cardholders. From here, follow the prompts to establish your account.
- **Payments:** You may make a payment to your individually billed card account online using Citi Manager. Please note that some organizations do not have the Citi Manager online payment feature enabled for cardholders. If paying by mail, please allow sufficient mailing time. Please write your account number on the front of the check. For centrally billed accounts, please be sure to send on Company check as payment for a Cardholder's balances. We receive your mailed payment in paper form at our processing facility by 5:00 p.m. Eastern Time. It will be credited as of the day Payment can also be made by electronic fund transfer, wire transfer, ACH transfer, direct debit, and other methods. Call the number on the front of this statement for details.
- **Company Ratification:** By its payment of any amount charged to the Account, the Company () ratifies the original Application for the Account, and the authorized personnel of the Company, at the time of the signing such Application, and () authorizes the continued use of the Account, under the terms of the Corporate Card Agreement, by all Cardholders to whom Cards are issued.
- **Special Information on Cash Advances:** Cardholders may get a Cash Advance up to \$60,000 each month worldwide.
 - The Cardholder's Cash Advance Limit is a portion of the Cardholder's Total Credit Line. It is not an additional line of credit.
 - For Cash Advances from ATMs, a separate Personal Identification Number (PIN) is required for security purposes.

Account Inquiries

- **In Case of Errors or Questions About Your Bill:** You are responsible for making the dispute resolution process of your Account Statement's charges that you believe are unauthorized, incorrect, or merchandise that has not been received, or returned merchandise. You should also notify the process of your Account Statement incorrectly issued as a charge or credited for which you have been issued a credit slip is not shown. To begin the dispute resolution process, visit citi-manager.com/online.
- You may also dispute a transaction by writing to Citi. You may write to us on a separate sheet at the address specified on the front of this statement as soon as possible. Please notify us no later than 60 days after the date of the bill on which the error or problem first appeared. In the letter, please give us the following information:
 - Your name and account number. For centrally billed Company Accounts, the Company name and individual account number.
 - The dollar amount of the suspected error.
 - Describe the error and explain the reason for the error. If more information is needed about an item, please describe it to us.
 - Merchant Disputes: If the Company or Cardholder was unsuccessful in attempting to resolve a problem with a merchant concerning the quality of goods or services purchased with the Citi Corporate Card, we may be able to help. We are not required to write within 60 days of the date of the charge. You will be responsible if we are not able to resolve the dispute or if the Bank finds you responsible for the disputed charge.
- In the letter to us, please explain in detail the dispute and the results of the attempt to resolve with the merchant. The letter must include the amount involved and must be signed by the individual Cardholder. We will notify you of the results of our efforts.
- If you returned merchandise and received a credit slip which has not yet been posted, please allow 30 days from the date it was issued. If it has not been posted to the Account by then, forward a copy of the credit slip to us at the billing dispute address specified on the front of the statement. Along with the copy of the credit slip, please include a letter (signed by the individual Cardholder) stating the credit was not received. If a credit slip was not issued, please request one from the merchant. If the merchant refuses, please write to us and explain the details.
- On non-disputed matters or any matter shown by the Bank not to be an error, the Bank may charge the Company or Cardholder the fee specified in the Corporate Card Agreement for each copy of any document the Company or Cardholder requests, such as duplicate periodic statements, transactions slips, and the like.
- Please save your charge receipts.

Account: XXXX-XXXX-XXXX-2799

Cardholder Transactions (cont)

Post Date	Trans Date	MCC	Reference Number		Description/Location			Amount
11/16	11/15	3665	55436873320163201208276	4	HAMPTON INNS 00904587 CHECK IN: 11/14/2023 00904587	PORT LAVACA TX	77979 USA	134.47
11/29	11/28	5074	55446413332839203072252	5	FERGUSON ENT #787 MEMORIAL/PL	VICTORIA TX	77904 USA	149.59

FINANCE CHARGE SUMMARY		Your Annual Percentage Rate (APR) is the annual interest rate on your account.	
Type of Balance	Annual Percentage Rates	Periodic Rate ⁺	Balance Subject to Finance Charges
PURCHASE AND FEES	10.50%	0.8750% (M)	\$0.00
CASH	10.50%	0.8750% (M)	\$0.00

(D) Daily Rate
(M) Monthly Rate

Account: XXXX-XXXX-XXXX-2799

Wire Transfer

COUNTY OF CALHOUN TEXAS (COUNT1923)



Wire Details

Transaction Number
Recurring Frequency One-Time Payment
Template Name CITI CARD PRGM - MMC
Amount USD 412.02
Debit Account *4357 - DDA (MEMORIAL MEDICAL CENTER - OPERATING) - Prosperity Bank
Notify Initiator Options Pending Actions: Notify via EMAIL
Pending Release: Notify via EMAIL
System Events: Notify via EMAIL
Complete - Unsuccessful: Notify via EMAIL
Complete - Successful: Notify via EMAIL
Early Action Taken: Notify via EMAIL
Early Action Removed: Notify via EMAIL
Expired: Notify via EMAIL
Payment Date 12/14/2023

Originator Information

Originator Name COUNTY OF CALHOUN TEXAS
Originator Address 1 202 S ANN STREET
Originator Address 2 SUITE A
Originator Address 3 PORT LAVACA, TX 77979

Beneficiary / Payee Information

Beneficiary Bank Information

Name	IT	Name
ACCOUNT Beneficiary ID Type		Beneficiary Bank ID Type
Beneficiary ID		Beneficiary Bank ID
Address 1		Address 1
Address 2		Address 2
Address 3	PH	Address 3
Beneficiary Country	US	Intl Routing Number
Contact Name		Beneficiary Bank Country
Phone Number		

Additional Reference Information

Purpose Of Payment

Additional Information For Beneficiary

Status History

Timestamp	Status	Initiator	Description
Dec 14, 2023 4:14:21 PM CST	Created	RHONDA S. KOKENA)	Wire Created.

12/11/23 12:40 PM

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DEC 11 2023

12:40

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through:

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Vendor# Vendor Name

Class Pay Code

S3960 STERICYCLE, INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
DH1127 ✓		11/30/202	11/27/202	12/27/202			2,795.69	0.00	0.00	2,795.69 ✓

DISPOSAL

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
S3960	STERICYCLE, INC	2,795.69	0.00	0.00	2,795.69

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	2,795.69	0.00	0.00	2,795.69

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CALHOUN COUNTY, TEXAS

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DEC 11 2023

MEMORIAL MEDICAL CENTER

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12/11/2023
12:41

AP Open Invoice List

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CALHOUN COUNTY, TEXAS

Dates Through:

Vendor# Vendor Name

Class Pay Code

14920 REPUBLIC SERVICES, INC.

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0847-001307533		11/30/202	11/26/202	12/26/202			1,671.76	0.00	0.00	1,671.76 ✓

WASTE

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
14920	REPUBLIC SERVICES, INC.	1,671.76	0.00	0.00	1,671.76

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,671.76	0.00	0.00	1,671.76

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DEC 11 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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DEC 11 2023
12:41

MEMORIAL MEDICAL CENTER

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AP Open Invoice List

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Dates Through:

CALHOUN COUNTY TEXAS

Vendor# Vendor Name

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
L1640	LOWE'S BUSINESS ACCT/SYNCB									
112823		11/30/202	11/28/202	12/28/202			29.00	0.00	0.00	29.00

LATE FEE

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
L1640	LOWE'S BUSINESS ACCT/SYNCB	29.00	0.00	0.00	29.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	29.00	0.00	0.00	29.00

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BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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DEC 11 2023
12:56
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

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Dates Through:

Vendor# Vendor Name

Class Pay Code

10789 DISCOVERY MEDICAL NETWORK INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
113023		11/30/202	11/30/202	12/01/202			124,032.19	0.00	0.00	124,032.19

PHYSICIAN SERV (11/16-11/30/23)

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
10789	DISCOVERY MEDICAL NETWORK INC	124,032.19	0.00	0.00	124,032.19

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	124,032.19	0.00	0.00	124,032.19

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DEC 11 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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DEC 11 2023

MEMORIAL MEDICAL CENTER

12/11/2023

AP Open Invoice List

0

12:42

Dates Through:

ap_open_invoice.template

CALHOUN COUNTY, TEXAS

Vendor# Vendor Name

Class Pay Code

C1010 SPARKLIGHT

W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
112823		11/30/202	11/28/202	11/29/202			1,842.00	0.00	0.00	1,842.00

2032.

INTERNET

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
C1010	SPARKLIGHT	<u>1,842.00</u>	0.00	0.00	1,842.00

2032

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	<u>1,842.00</u>	0.00	0.00	1,842.00

APPROVED ON

DEC 11 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK# 201964

MCKESSON

STATEMENT

As of: 12/08/2023

Page: 002

To ensure proper credit to your account, detach and return this stub with your remittance

Company: 8000

MEMORIAL MEDICAL CENTER
AP
815 N VIRGINIA STREET
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115
Customer INV SupplD:
Territory:

Customer: 632536
Date: 12/09/2023

As of: 12/08/2023 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 12/09/2023 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
--------------	----------	-------------------	----------------------------------	-------------	---------------	----------------	-----	--------------	-----	-------------------	--

PF column legend: P = Past Due Item, F = Future Due Item, blank = Current Due Item

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 2,354.55 USD

Future Due: 0.00

If Paid By 12/12/2023,
Pay This Amount:

2,307.46 USD

Due If Paid On Time:
USD

2,307.46 ✓

Past Due: 0.00

Disc lost if paid late:

47.09

Last Payment 2,451.97
08/07/2017

If Paid After 12/12/2023,
Pay this Amount:

2,354.55 USD

Due If Paid Late:
USD

2,354.55

2,298.59 +
3.74 +
5.13 +
2,307.46 *

Andrew D. Foster
12/11/23

APPROVED ON
DEC 11 2023
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please <> contact 800-867-0333

MCKESSON

STATEMENT

As of: 12/08/2023

Page: 001

To ensure proper credit to your account, detach and return this stub with your remittance

Company: 8000

WALMART 1098/MEM MED PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 256342
Date: 12/09/2023

As of: 12/08/2023 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 12/09/2023 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
12/04/2023	12/12/2023	7461684272	97707806	115Invoice	1.34	66.99		65.65 ✓		7461684272	
12/04/2023	12/12/2023	7461684273	97744604	115Invoice		0.16		0.16 ✓		7461684273	
12/04/2023	12/12/2023	7461684274	97782249	115Invoice	0.01	0.32		0.31 ✓		7461684274	
12/04/2023	12/12/2023	7461697260	97847082	115Invoice	1.00	50.24		49.24 ✓		7461697260	
12/04/2023	12/12/2023	7461861634	97713803	195Invoice	6.51	325.50		318.99 ✓		7461861634	
12/04/2023	12/12/2023	7461861635	97634064	195Invoice	0.34	17.23		16.89 ✓		7461861635	
12/05/2023	12/12/2023	7462048573	97890951	115Invoice		0.10		0.10 ✓		7462048573	
12/05/2023	12/12/2023	7462048574	97890951	115Invoice	1.21	60.42		59.21 ✓		7462048574	
12/05/2023	12/12/2023	7462048575	97963069	115Invoice	0.84	42.07		41.23 ✓		7462048575	
12/05/2023	12/12/2023	7462187278	97897689	195Invoice	0.01	0.32		0.31 ✓		7462187278	
12/05/2023	12/12/2023	7462187279	97904182	115Invoice	0.01	0.32		0.31 ✓		7462187279	
12/06/2023	12/12/2023	7462334991	98128104	115Invoice	1.21	60.63		59.42 ✓		7462334991	
12/06/2023	12/12/2023	7462520128	98063599	195Invoice	5.24	261.82		256.58 ✓		7462520128	
12/06/2023	12/12/2023	7462520129	97793648	115Invoice	0.02	0.95		0.93 ✓		7462520129	
12/07/2023	12/12/2023	7462671042	98200000	115Invoice	8.36	418.15		409.79 ✓		7462671042	
12/07/2023	12/12/2023	7462671043	98273813	115Invoice		0.10		0.10 ✓		7462671043	
12/07/2023	12/12/2023	7462796605	98206908	195Invoice	2.53	126.28		123.75 ✓		7462796605	
12/08/2023	12/12/2023	7462919955	98399568	115Invoice	18.28	913.90		895.62 ✓		7462919955	

PF column legend: P = Past Due Item, F = Future Due Item, blank = Current Due Item

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 2,345.50 USD

Future Due: 0.00

If Paid By 12/12/2023,

Pay This Amount: 2,298.59 USD

Due If Paid On Time:

USD 2,298.59 ✓

Past Due: 0.00

Disc lost if paid late:

46.91

Last Payment 12/04/2023 8,017.91

If Paid After 12/12/2023,

Pay this Amount: 2,345.50 USD

Due If Paid Late:

USD 2,345.50

APPROVED ON

DEC 11 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please <> contact 800-867-0333

Andrew D. Calhoun
12/11/23

MCKESSON

STATEMENT

As of: 12/08/2023

Page: 001

To ensure proper credit to your account, detach and return this stub with your remittance

Company: 8000

CVS PHCY 8923/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 835434
Date: 12/09/2023

As of: 12/08/2023 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835434 PLEASE CHECK ANY
Date: 12/09/2023 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
12/06/2023	12/12/2023	7462353694	CVS PHCY 8923/MEM MC PHS	632536 2879086	115Invoice	0.08	3.82		3.74	✓	7462353694	

PF column legend: P = Past Due Item, F = Future Due Item, blank = Current Due Item

TOTAL: Customer Number 835434 CVS PHCY 8923/MEM MC PHS

Subtotals: 3.82 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 8,017.91
12/04/2023

If Paid By 12/12/2023,
Pay This Amount: 3.74 USD

If Paid After 12/12/2023,
Pay this Amount: 3.82 USD

Due If Paid On Time:
USD 3.74 ✓

Disc lost if paid late: 0.08

Due If Paid Late:
USD 3.82

Andrew DeLeon Santos
12/11/23

APPROVED ON

DEC 11 2023

BY COUNTY AUDITOR
COMPTON COUNTY, TEXAS

For AR Inquiries please <> contact 800-867-0333

MCKESSON

STATEMENT

As of: 12/08/2023

Page: 001

To ensure proper credit to your account, detach and return this stub with your remittance

Company: 8000

DC: 8115
Customer INV SupplD:
Territory: 7001

As of: 12/08/2023 Page: 001
Mail to: Comp: 8000

CVS PHCY 7416/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Customer: 835437
Date: 12/09/2023

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835437 PLEASE CHECK ANY
Date: 12/09/2023 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
12/06/2023	12/12/2023	7462539202	632536 2877720	115Invoice	0.10	5.23		5.13	✓	7462539202	<input type="checkbox"/>

PF column legend: P = Past Due Item, F = Future Due Item, blank = Current Due Item

TOTAL: Customer Number 835437 CVS PHCY 7416/MEM MC PHS

Subtotals: 5.23 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 11/20/2023 12,898.53

If Paid By 12/12/2023,
Pay This Amount: 5.13 USD

If Paid After 12/12/2023,
Pay this Amount: 5.23 USD

Due If Paid On Time: 5.13 ✓
USD
Disc lost if paid late: 0.10
Due If Paid Late: 5.23
USD

Andrew De los Santos
12/11/23

APPROVED ON

DEC 11 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please <> contact 800-867-0333

Serviced By:
ABC DC SUGARLAND
12727 W. AIRPORT BLVD.
SUGAR LAND TX 77478-6101

DEA: RA0289276
866-451-9655

Customer:
WALGREENS #12494 340B
MEMORIAL MEDICAL CENTER
1302 N VIRGINIA ST
PORT LAVACA TX 77979-2509

Remit To:
AMERISOURCEBERGEN
PO Box 905223
CHARLOTTE NC 28290-5223

Customer Number	
100135284 / 037028186	
Terms	
Sat - Fri Due in 7 days	
Summary	
Not Yet Due:	0.00
Current:	529.38
Past Due:	0.00
Total Due:	529.38
Account Balance:	529.38

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
12-04-2023	12-15-2023	3156200038	7004924456	Invoice	91.15		0.00	91.15
12-04-2023	12-15-2023	3156200039	7004937065	Invoice	31.85		0.00	31.85
12-04-2023	12-15-2023	3156329087	7004950092	Invoice	126.47		0.00	126.47
12-04-2023	12-15-2023	3156329088	7004949730	Invoice	1.80		0.00	1.80
12-05-2023	12-15-2023	3156495154	7004961611	Invoice	16.16		0.00	16.16
12-05-2023	12-15-2023	3156495155	7004960759	Invoice	115.28		0.00	115.28
12-06-2023	12-15-2023	3156654726	7004971003	Invoice	14.90		0.00	14.90
12-07-2023	12-15-2023	3156823846	7004980795	Invoice	131.77		0.00	131.77

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
529.38	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment	
Date	Amount
12-08-2023	(776.94)

Reminders	
Due Date	Amount
12-15-2023	529.38
Total Due:	529.38

Andrew D. [Signature]
12/11/23

APPROVED ON
DEC 11 2023
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

**MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- Dec 4 - Dec 10, 2023 ✓**

Date	Bank Description
12/8/2023	PAY PLUS ACHTrans 00000008987001 1010006920
12/8/2023	EXPERTPAY EXPERTPAY 746003411 91000014317130
12/8/2023	AMERISOURCE BERG PAYMENTS 0100007768 2100002
12/8/2023	MEMORIAL MEDICAL PAYROLL 746003411 113122650
12/8/2023	CLEARGAGE LLC CLEARGAGE, 5QGRXAQMFU67KRD 242
12/7/2023	PAY PLUS ACHTrans 00000008887047 1010006910
12/6/2023	WIRE OUT HEALTHEQUITY
12/6/2023	PAY PLUS ACHTrans 00000008704535 1010006997
12/6/2023	HARLAND CLARKE CHK ORDERS 15FG406502212R5 91
12/6/2023	FDMS FDMS PYMT 052-1601830-000 4100012826670
12/5/2023	PAY PLUS ACHTrans 00000008597454 1010006985
12/5/2023	MERCHANT BANKCD FEE 971160910883 91000012797
12/5/2023	MERCHANT BANKCD FEE 971160913887 91000012797
12/5/2023	MERCHANT BANKCD DISCOUNT 971160910883 910000
12/5/2023	MCKESSON DRUG AUTO ACH ACH05767582 910000175
12/5/2023	FDMS FDMS PYMT 052-2000500-000 4100012323566
12/4/2023	STATE COMPTRLR TEXNET 07953118/31201 2100002
12/4/2023	PAY PLUS ACHTrans 00000008450776 1010006965
12/4/2023	MERCHANT BANKCD FEE 971160913887 91000010435
12/4/2023	MERCHANT BANKCD DISCOUNT 971160913887 910000
12/4/2023	MERCHANT BANKCD INTERCHNG 971160913887 910000
12/4/2023	AUTHNET GATEWAY BILLING 132773831 1040000168

MMC Notes	Amount
- 3rd Party Payor Fee	\$ 34.69
- Child Support Payment	\$ 570.69
- 340B Drug Program Expense	\$ 776.94*
- Payroll	\$ 378,992.20*
- Patient Financing Service	\$ 117.37
- 3rd Party Payor Fee	\$ 17.36
- Wageworks	\$ 5,199.77*
- 3rd Party Payor Fee	\$ 9.48
- Checks for NH Accounts	\$ 90.02
- Credit Card Processing Fee	\$ 32.45
- 3rd Party Payor Fee	\$ 66.75
- Credit Card Processing Fee	\$ 9.95
- Credit Card Processing Fee	\$ 9.95
- Credit Card Processing Fee	\$ 19.95
- 340B Drug Program Expense	\$ 8,017.91
- Credit Card Processing Fee	\$ 75.67
Accrued NH QIPP IGT	\$ 1,983,403.28**
3rd Party Payor Fee	\$ 109.20
- Credit Card Processing Fee	\$ 177.62
- Credit Card Processing Fee	\$ 350.74
- Credit Card Processing Fee	\$ 166.59
- 3rd Party Payor Fee	\$ 32.70

CF	Amount
	237.48*
Pay Plus	34.69 +
	17.36 +
	9.48 +
	66.75 +
	109.20 +
Expert Pay	570.69 +
	570.69 +
Cleargase	117.37 +
	117.37 +
Harland	90.02 +
	90.02 +
CC Fees	32.45 +
	9.95 +
	9.95 +
	19.95 +
	19.95 +
	75.67 +
	32.45 +
	9.95 +
	9.95 +
	166.59 +
	19.95 +
	75.67 +
	177.62 +
	350.74 +
	166.59 +
	842.92*
Authnet	32.70 +
	32.70*
	237.48 +
	570.69 +
	117.37 +
	90.02 +
	842.92 +
	32.70 +
	1,891.18*

Andrew De Los Santos
ANDREW DE LOS SANTOS
Memorial Medical Center

December 11, 2023

* Approved 12-04-23 CC
* Approved 11-29-23 CC

Date	Descr	Amount
	PI	2,378,281.28 +
	ELECTRONIC TRANSFERS FOR OPERATING	776.94 -
		378,992.20 -
		5,199.77 -
		8,017.91 -
		1,983,403.28 -
		1,891.18 *
		1,891.18 +
		1,891.18 -
		0.00 *

Andrew De Los Santos
ANDREW DE LOS SANTOS
Memorial Medical Center

December 11, 2023

**APPROVED ON
DEC 11 2023
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

RECEIVED BY THE COUNTY AUDITOR ON

12/07/2023

12:24

DEC 07 2023

Vendor# Vendor Name

11824 THE CRESCENT

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through:

Class Pay Code

0

ap_open_invoice.template

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
112923		11/30/202	11/29/202	12/29/202			15,960.00	0.00	0.00	15,960.00

TRANSFER NH insurance pymt deposited into MMC operating

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11824	THE CRESCENT	15,960.00	0.00	0.00	15,960.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	15,960.00	0.00	0.00	15,960.00

APPROVED ON

DEC 07 2023

BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

CU# 201904

RECEIVED BY THE COUNTY AUDITOR ON
12/07/2023
12:23
DEC 07 2023
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through:

0
ap_open_invoice.template

Vendor# Vendor Name
11836 GOLDENCREEK HEALTHCARE

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
112723		11/30/202	11/27/202	12/27/202			17,442.90	0.00	0.00	17,442.90 ✓
	TRANSFER	<i>NH insurance pymt deposited into MMC operating</i>								
112823C		11/30/202	11/28/202	12/28/202			2,982.90	0.00	0.00	2,982.90 ✓
	TRANSFER "									
112823A		11/30/202	11/28/202	12/28/202			2,011.57	0.00	0.00	2,011.57 ✓
	TRANSFER "									
112823B		11/30/202	11/28/202	12/28/202			50,547.30	0.00	0.00	50,547.30 ✓
	TRANSFER "									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
11836 GOLDENCREEK HEALTHCARE							72,984.67	0.00	0.00	72,984.67

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	72,984.67	0.00	0.00	72,984.67

APPROVED ON

DEC 07 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CUH 201984

RECEIVED BY THE
COUNTY AUDITOR ON

12/07/2023

12:23 DEC 07 2023

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through:

0
ap_open_invoice.template

Vendor# Vendor Name
CALHOUN COUNTY, TEXAS

Class Pay Code

12696 GULF POINTE PLAZA

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
112823		11/30/202	11/28/202	12/28/202			1,200.00	0.00	0.00	1,200.00 ✓
	TRANSFER	<i>NH insurance pymt deposited into mmc operating</i>								
113023		11/30/202	11/30/202	12/30/202			119.51	0.00	0.00	119.51 ✓
	TRANSFER	<i>" "</i>								

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
12696	GULF POINTE PLAZA	1,319.51	0.00	0.00	1,319.51

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,319.51	0.00	0.00	1,319.51

APPROVED ON

DEC 07 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CLK# 201905

RECEIVED BY THE
COUNTY AUDITOR ON
12/07/2023
12:24 DEC 07 2023
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor# Vendor Name
13004 TUSCANY VILLAGE

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
112723		11/30/202	11/27/202	12/27/202			460.45	0.00	0.00	460.45 ✓
	TRANSFER	<i>NH insurance pymt deposited into mmc operating</i>								
112723A		11/30/202	11/27/202	12/27/202			12,960.00	0.00	0.00	12,960.00
	TRANSFER									

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
13004	TUSCANY VILLAGE	13,420.45	0.00	0.00	13,420.45

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	13,420.45	0.00	0.00	13,420.45

APPROVED ON

DEC 07 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 201997

RECEIVED BY THE COUNTY AUDITOR ON
12/07/2023
12:21
DEC 07 2023
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through:

0
ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

12792 BETHANY SENIOR LIVING ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
112723		11/30/202	11/27/202	12/27/202			8,685.57	0.00	0.00	8,685.57 ✓
	TRANSFER									
112823A		11/30/202	11/28/202	12/28/202			2,089.95	0.00	0.00	2,089.95 ✓
	TRANSFER									
112823		11/30/202	11/28/202	12/28/202			30,832.65	0.00	0.00	30,832.65 ✓
	TRANSFER									
112823B		11/30/202	11/28/202	12/28/202			4,943.92	0.00	0.00	4,943.92 ✓
	TRANSFER									
113023A		11/30/202	11/30/202	12/30/202			32,433.14	0.00	0.00	32,433.14 ✓
	TRANSFER									
113023		11/30/202	11/30/202	12/30/202			1,732.41	0.00	0.00	1,732.41 ✓
	TRANSFER									

NH insurance pymts deposited into mme operating

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
12792	BETHANY SENIOR LIVING	80,717.64	0.00	0.00	80,717.64

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	80,717.64	0.00	0.00	80,717.64

APPROVED ON
DEC 07 2023
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CL# 20982

8

RUN DATE:12/11/23
 TIME:15:04

MEMORIAL MEDICAL CENTER
 CHECK REGISTER
 12/13/23 THRU 12/13/23

PAGE 1
 GLCKREG

BANK--CHECK-----
 CODE NUMBER DATE AMOUNT PAYEE

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	201900	12/13/23	3,866.63	AIRGAS USA, LLC - CENTRAL DIV
A/P	201901	12/13/23	5,000.00	AMERICAN HEART ASSOCIATION INC
A/P	201902	12/13/23	95.99	ANNOUNCEMENTS PLUS TOO AGAIN
A/P	201903	12/13/23	491.68	AUTO PARTS & MACHINE CO.
A/P	201904	12/13/23	3,979.13	AYA HEALTHCARE INC
A/P	201905	12/13/23	8,831.89	BECKMAN COULTER INC
A/P	201906	12/13/23	266.75	BECTON, DICKINSON & CO (BD)
A/P	201907	12/13/23	51,069.81	BEYER MECHANICAL LTD
A/P	201908	12/13/23	575.00	BLAIS MICROSCOPE COMPANY LLC
A/P	201909	12/13/23	120.00	
A/P	201910	12/13/23	140.20	BRIGGS HEALTHCARE
A/P	201911	12/13/23	150,000.00	CALHOUN COUNTY
A/P	201912	12/13/23	250.41	
A/P	201913	12/13/23	134.27	
A/P	201914	12/13/23	1,208.25	CLEARFLY
A/P	201915	12/13/23	20,874.92	COMPUGROUP MEDICAL - EMDS INC.
A/P	201916	12/13/23	260.44	CROSSROADS MECHANICAL, INC
A/P	201917	12/13/23	350.00	DIESEL FUEL MAINTENANCE, INC
A/P	201918	12/13/23	124,032.19	DISCOVERY MEDICAL NETWORK INC
A/P	201919	12/13/23	610.00	DOWELL PEST CONTROL
A/P	201920	12/13/23	45.00	
A/P	201921	12/13/23	1,271.00	DSHS CENTRAL LAB MC2004
A/P	201922	12/13/23	9,465.00	EMERGENCY STAFFING SOLUTIONS
A/P	201923	12/13/23	5,966.00	EPI-EDWARD PLUMBING
A/P	201924	12/13/23	9,333.75	FAVORITE HEALTHCARE STAFFING
A/P	201925	12/13/23	2,550.00	FIRETRON, INC
A/P	201926	12/13/23	14,150.00	FORVIS
A/P	201927	12/13/23	25.82	FRONTIER
A/P	201928	12/13/23	1,059.46	GEORGE SEALY MASSINGILL M.D.
A/P	201929	12/13/23	547.40	GRAINGER
A/P	201930	12/13/23	3,400.00	HEALTH SOLUTIONS DIETETICS
A/P	201931	12/13/23	1,117.89	HEB CREDIT RECEIVABLES DEPT308
A/P	201932	12/13/23	708.75	HOLOGIC INC
A/P	201933	12/13/23	225.00	INJOY HEALTH EDUCATION
A/P	201934	12/13/23	1,373.76	IRON MOUNTAIN
A/P	201935	12/13/23	250.00	ITERSOURCE CORPORATION
A/P	201936	12/13/23	120.00	
A/P	201937	12/13/23	389.75	LABORIE MEDICAL TECHNOLOGIES
A/P	201938	12/13/23	743.30	LANDAUER INC
A/P	201939	12/13/23	73.10	LANGUAGE LINE SERVICES
A/P	201940	12/13/23	29.00	LOWE'S BUSINESS ACCT/SYNCB
A/P	201941	12/13/23	1,115.86	M G TRUST
A/P	201942	12/13/23	70.30	MATTHEW PFEIFFER
A/P	201943	12/13/23	2,096.77	MEDICAL DATA SYSTEMS, INC.
A/P	201944	12/13/23	20.72	MEDIMPACT HEALTHCARE SYS, INC.
A/P	201945	12/13/23	86.03	MEDLINE INDUSTRIES INC
A/P	201946	12/13/23	416.26	MEMORIAL MEDICAL CLINIC
A/P	201947	12/13/23	34,534.00	MIMEDX GROUP INC.
A/P	201948	12/13/23	.00	VOIDED
A/P	201949	12/13/23	19,512.69	MORRIS & DICKSON CO, LLC

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	201950	12/13/23	12,165.00	NEOGENOMICS LABORATORIES
A/P	201951	12/13/23	1,000.00	NEXION HEALTH AT NAVASOTA INC
A/P	201952	12/13/23	5,847.50	POC ELECTRIC, LLC
A/P	201953	12/13/23	550.00	PORT LAVACA PLUMBING
A/P	201954	12/13/23	126.79	POWER HARDWARE
A/P	201955	12/13/23	204.36	PRECISION DYNAMICS CORP (PDC)
A/P	201956	12/13/23	170.52	RAPID PRINTING LLC
A/P	201957	12/13/23	1,671.76	REPUBLIC SERVICES, INC.
A/P	201958	12/13/23	21.75	ROBERT RODRIQUEZ
A/P	201959	12/13/23	131.76	SHARN INC
A/P	201960	12/13/23	5,371.57	SIEMENS FINANCIAL SERVICES
A/P	201961	12/13/23	16,066.66	SINGLETON ASSOCIATES, P.A.
A/P	201962	12/13/23	2,525.00	SOMETHING MORE MEDIA, INC.
A/P	201963	12/13/23	3,925.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	201964	12/13/23	2,032.40	SPARKLIGHT
A/P	201965	12/13/23	9,458.59	SPBS CLINICAL EQUIPMENT SRVC
A/P	201966	12/13/23	47.25	
A/P	201967	12/13/23	2,795.69	STERICYCLE, INC
A/P	201968	12/13/23	.00	VOIDED
A/P	201969	12/13/23	1,690.88	STERIS INSTRUMENT MANAGEMENT
A/P	201970	12/13/23	6,065.00	SURGICAL DIRECT SOUTH
A/P	201971	12/13/23	2,291.33	TEXAS ASSOCIATION OF COUNTIES
A/P	201972	12/13/23	9,918.00	TEXAS MUTUAL INSURANCE CO
A/P	201973	12/13/23	10,505.00	TEXAS SELECT STAFFING, LLC
A/P	201974	12/13/23	1,006.00	TK ELEVATOR CORPORATION
A/P	201975	12/13/23	6,456.39	UNIFIRST HOLDINGS INC
A/P	201976	12/13/23	27.10	VICTORIA ADVOCATE
A/P	201977	12/13/23	510.35	VICTORIA MEDICAL FOUNDATION
A/P	201978	12/13/23	475.25	WAGeworks
A/P	201979	12/13/23	178.16	WELLMED MEDICAL MANAGEMENT
A/P	201980	12/13/23	16,750.00	WOUND CARE SPECIALISTS
A/P	201981	12/13/23	19.11	
A/P	201982	12/13/23	80,717.64	BETHANY SENIOR LIVING
A/P	201983	12/13/23	35,125.72	CALHOUN COUNTY
A/P	201984	12/13/23	72,984.67	GOLDENCREEK HEALTHCARE
A/P	201985	12/13/23	1,319.51	GULF POINTE PLAZA
A/P	201986	12/13/23	15,960.00	THE CRESCENT
A/P	201987	12/13/23	13,420.45	TUSCANY VILLAGE
A/P	201988	12/13/23	412.22	
A/P	201989	12/13/23	50.00	
A/P	201990	12/13/23	10.37	
A/P	201991	12/13/23	100.00	
A/P	201992	12/13/23	175.00	
A/P	201993	12/13/23	26.01	
TOTALS:			823,159.93	

Payables 507,423.02 +
 PR 773.60 +
 2,795.69 +
 Criticals 1,671.76 +
 29.00 +
 124,032.19 +
 2,032.40 +
 NH Trans. 184,402.27 +
 823,159.93 *

APPROVED ON

DEC 13 2023

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Memorial Medical Center
 Nursing Home UPL
 Weekly Cantex Transfer
 Prosperity Accounts
 12/11/2023

Nursing Home	Account Number	Previous Beginning Balance	Transfer Out	ACH Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens		125,423.64	124,982.15	110,456.15		110,897.54	97,550.11
						Bank Balance	110,897.54
						Variance	
						Leave in Balance	100.00

Routing Information for Ashford Gardens:

Molina YR7 October QIPP	12,906.04
October Interest	182.37
November Interest	159.12
Adjust Balance/Transfer Amt	97,550.11

Broadmoor	124,805.64	124,407.51	92,143.23			92,561.40	87,389.63
						Bank Balance	92,561.40
						Variance	
						Leave in Balance	100.00
						Molina YR7 October QIPP	4,773.60

October Interest	156.64
November Interest	141.53
Adjust Balance/Transfer Amt	87,389.63

Crescent	110,916.44	110,260.28	96,585.24			97,241.40	93,026.04
						Bank Balance	97,241.40
						Variance	
						Leave in Balance	100.00
						Molina YR7 October QIPP	3,559.20

October Interest	290.78
November Interest	265.38
Adjust Balance/Transfer Amt	93,026.04

Fort Bend	50,180.09	49,894.27	59,936.95			60,222.77	55,909.19
						Bank Balance	60,222.77
						Variance	
						Leave in Balance	100.00
						Molina YR7 October QIPP	4,027.76

October Interest	84.48
November Interest	101.34
Adjust Balance/Transfer Amt	55,909.19

Solera at W Houston	107,139.81	106,636.27	63,708.76			64,212.30	59,844.94
						Bank Balance	64,212.30
						Variance	
						Leave in Balance	100.00
						Molina YR7 October QIPP	3,863.82

October Interest	228.12
November Interest	175.42
Adjust Balance/Transfer Amt	59,844.94

97,550.11 +
 87,389.63 +
 93,026.04 +
 55,909.19 +
 59,844.94 +
 393,719.91

APPROVED ON
 DEC 11 2023
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

TOTAL TRANSFERS 393,719.91
 Approved: Andrew De Los Santos
 ANDREW DE LOS SANTOS 12/11/2023

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
Ashford Gardens								
12/8/2023 1223	2,676.18	-	-	-	-	-	-	-
12/8/2023 Deposit	-	90,267.85	-	-	-	-	-	90,267.85
12/8/2023 MOLINA HEALTHCARE MOLINAACH 01240191 42000012	-	15,180.00	11,931.48	3,248.52	-	-	12,906.04	2,273.96
12/7/2023 WIRE OUT ASHFORD HEALTH CARE CENTER LTD	122,305.97	-	-	-	-	-	-	-
12/7/2023 MANAGEANDNET1718 MNS PMNT 00000000000093 41	-	4,680.00	-	-	-	-	-	4,680.00
12/4/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	328.30	-	-	-	-	-	328.30
TOTALS	124,982.15	110,456.15	11,931.48	3,248.52	-	-	12,906.04	97,550.11

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
Broadmoor								
12/8/2023 758	992.10	-	-	-	-	-	-	-
12/8/2023 Deposit	-	75,627.38	-	-	-	-	-	75,627.38
12/8/2023 MOLINA HEALTHCARE MOLINAACH 01240742 42000012	-	5,016.00	4,412.32	1,204.28	-	-	4,773.60	843.00
12/8/2023 HNB - ECHO HCCLAIMPMT 746003411 440000276444	-	382.24	-	-	-	-	-	382.24
12/7/2023 WIRE OUT CANTEX HEALTH CARE CENTERS III	123,415.41	-	-	-	-	-	-	-
12/6/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	2,518.35	-	-	-	-	-	2,518.35
12/5/2023 HNB - ECHO HCCLAIMPMT 746003411 440000255554	-	302.00	-	-	-	-	-	302.00
12/5/2023 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	4,794.94	-	-	-	-	-	4,794.94
12/5/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	844.52	-	-	-	-	-	844.52
12/5/2023 HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2	-	255.99	-	-	-	-	-	255.99
12/4/2023 HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2	-	1,821.21	-	-	-	-	-	1,821.21
TOTALS	124,407.51	92,163.23	4,412.32	1,204.28	-	-	4,773.60	87,389.63

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
Crestant								
12/8/2023 315	12,422.00	-	-	-	-	-	-	-
12/8/2023 314	741.99	-	-	-	-	-	-	-
12/8/2023 Deposit	-	34,031.20	-	-	-	-	-	34,031.20
12/8/2023 MOLINA HEALTHCARE MOLINAACH 01240700 42000012	-	4,189.68	3,289.00	900.68	-	-	3,559.20	630.48
12/8/2023 HNB - ECHO HCCLAIMPMT 746003411 440000276674	-	13,025.53	-	-	-	-	-	13,025.53
12/8/2023 HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2	-	394.89	-	-	-	-	-	394.89
12/7/2023 WIRE OUT CANTEX HEALTH CARE CENTERS III	97,096.29	-	-	-	-	-	-	-
12/6/2023 HNB - ECHO HCCLAIMPMT 746003411 440000299829	-	2,229.73	-	-	-	-	-	2,229.73
12/6/2023 DEVOTED HEALTH P HCCLAIMPMT 21000027933180	-	9,000.00	-	-	-	-	-	9,000.00
12/5/2023 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	10,000.00	-	-	-	-	-	10,000.00
12/5/2023 DEVOTED HEALTH P HCCLAIMPMT 21000027001668	-	10,863.81	-	-	-	-	-	10,863.81
12/4/2023 HNB - ECHO HCCLAIMPMT 746003411 440000287716	-	196.02	-	-	-	-	-	196.02
12/4/2023 UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384	-	3,690.00	-	-	-	-	-	3,690.00
12/4/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	1,495.71	-	-	-	-	-	1,495.71
12/4/2023 NOVITAS SOLUTION HCCLAIMPMT 676323 420000113	-	969.29	-	-	-	-	-	969.29
12/4/2023 DEVOTED HEALTH P HCCLAIMPMT 21000027607076	-	6,499.38	-	-	-	-	-	6,499.38
TOTALS	110,260.28	96,585.24	3,289.00	900.68	-	-	3,559.20	93,026.04

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
Fair Bend								
12/8/2023 230	833.70	-	-	-	-	-	-	-
12/8/2023 Deposit	-	42,169.61	-	-	-	-	-	42,169.61
12/8/2023 MOLINA HEALTHCARE MOLINAACH 01240349 42000012	-	4,736.16	3,724.16	1,012.00	-	-	4,027.76	708.40
12/7/2023 WIRE OUT CANTEX HEALTH CARE CENTERS III	49,060.57	-	-	-	-	-	-	-
12/7/2023 MANAGEANDNET1718 MNS PMNT 000000000004194 41	-	324.00	-	-	-	-	-	324.00
12/7/2023 HNB - ECHO HCCLAIMPMT 746003411 440000240460	-	1,076.17	-	-	-	-	-	1,076.17
12/6/2023 HNB - ECHO HCCLAIMPMT 746003411 440000299827	-	6,674.84	-	-	-	-	-	6,674.84
12/5/2023 HNB - ECHO HCCLAIMPMT 746003411 440000255125	-	4,956.17	-	-	-	-	-	4,956.17
TOTALS	49,894.27	59,936.95	3,724.16	1,012.00	-	-	4,027.76	55,909.19

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
Soleas at West Houston								
12/8/2023 1284	800.35	-	-	-	-	-	-	-
12/8/2023 Deposit	-	27,070.71	-	-	-	-	-	27,070.71
12/8/2023 MOLINA HEALTHCARE MOLINAACH 01240658 42000012	-	4,543.88	3,572.36	971.52	-	-	3,863.82	680.06
12/8/2023 MANAGEANDNET1718 MNS PMNT 000000000002482 41	-	5,601.50	-	-	-	-	-	5,601.50
12/8/2023 HUMANA INS CO HCCLAIMPMT 36452720 8300005695	-	930.00	-	-	-	-	-	930.00
12/7/2023 WIRE OUT CANTEX HEALTH CARE CENTERS III	105,835.92	-	-	-	-	-	-	-
12/7/2023 MANAGEANDNET1718 MNS PMNT 000000000002482 41	-	10,978.50	-	-	-	-	-	10,978.50
12/6/2023 HNB - ECHO HCCLAIMPMT 746003411 440000299281	-	1,244.62	-	-	-	-	-	1,244.62
12/5/2023 HNB - ECHO HCCLAIMPMT 746003411 440000255125	-	3,087.31	-	-	-	-	-	3,087.31
12/5/2023 HUMANA INS CO HCCLAIMPMT 36223314 8300005319	-	5,530.00	-	-	-	-	-	5,530.00
12/4/2023 HNB - ECHO HCCLAIMPMT 746003411 440000287213	-	2,352.24	-	-	-	-	-	2,352.24
12/4/2023 HUMANA INS CO HCCLAIMPMT 36094255 8300005667	-	2,370.00	-	-	-	-	-	2,370.00
TOTALS	106,636.27	63,708.76	3,572.36	971.52	-	-	3,863.82	59,844.94

TOTALS

516,180.48	422,850.33	26,929.32	7,337.00	-	-	29,130.42	393,719.91
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Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$649,757.04	\$656,566.58	\$649,757.04	\$1,391,761.23
*4385 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$540.48	\$540.48	\$540.48	\$540.48
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$435.11	\$435.11	\$435.11	\$435.11
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD ✓	\$110,897.64 ✓	\$164,960.52	\$110,897.64	\$8,125.97
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR ✓	\$92,561.40 ✓	\$132,599.67	\$92,561.40	\$11,927.28
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT ✓	\$97,241.40 ✓	\$163,971.43	\$97,241.40	\$58,764.09
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON ✓	\$64,212.30 ✓	\$108,097.93	\$64,212.30	\$26,866.56
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND ✓	\$60,222.77 ✓	\$70,187.60	\$60,222.77	\$14,150.70
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$140,086.79	\$188,315.03	\$140,086.79	\$40,819.81
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$14,477.99	\$14,784.45	\$14,477.99	\$14,477.99
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$90,904.62	\$90,904.62	\$90,904.62	\$50,034.99
*5506 MMC -NH BETHANY SENIOR LIVING	\$103,267.37	\$103,284.14	\$103,267.37	\$65,241.87
*3407 MMC -NH TUSCANY VILLAGE	\$120,740.33	\$130,144.39	\$120,740.33	\$5,735.57
*3660 MMC -BETHANY SR LIVING - DACA	\$100.00	\$100.00	\$100.00	\$100.00
*2998 MMC -MONEY MARKET FUND	\$2,099,978.78	\$2,099,978.78	\$2,099,978.78	\$2,099,978.78
Total Balance	\$3,645,424.02	\$3,924,870.73	\$3,645,424.02	\$3,788,960.43

Memorial Medical Center
 Nursing Home UPL
 Weekly Nexion Transfer
 Prosperity Accounts
 10/23/2023

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Golden Creek		31,736.21	31,319.11	139,669.69		140,086.79	139,669.69
						Bank Balance	140,086.79
						Variance	-
						Leave in Balance	100.00

October Interest 183.50
 November Interest 133.60

Adjust Balance/Transfer Amt 139,669.69

Note: Only balances of over \$5,000 will be transferred to the nursing home.
 Note 2: Each account has a base balance of \$100 that MMC deposited to open account.

Approved: Andrew De Los Santos
 ANDREW DE LOS SANTOS 12/11/2023

APPROVED ON

DEC 11 2023

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Golden Creek

12/8/2023 Deposit
 12/8/2023 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2
 12/7/2023 WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC
 12/7/2023 GOLDENCREEKHEALT MERC DEP 1220356 9100001618
 12/7/2023 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2
 12/6/2023 TSYS/TRANSFIRST CR CD DEP 543684555876917 91
 12/6/2023 GOLDENCREEKHEALT MERC DEP 1220356 9100001682
 12/6/2023 Am Health TX PAYMENT 21531 84307030004991
 12/6/2023 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2
 12/5/2023 TSYS/TRANSFIRST CR CD DEP 543684555876917 91
 12/5/2023 GOLDENCREEKHEALT MERC DEP 1220356 9100001109
 12/5/2023 GOLDENCREEKHEALT MERC DEP 1220356 9100001109
 12/4/2023 TSYS/TRANSFIRST CR CD DEP 543684555876917 91
 12/4/2023 TSYS/TRANSFIRST CR CD DEP 543684555876917 91
 12/4/2023 HNB - ECHO HCCLAIMPMT 746003411 440000287246
 12/4/2023 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	88,468.13	-	-	-	-	-	88,468.13
-	10,798.85	-	-	-	-	-	10,798.85
31,319.11	-	-	-	-	-	-	-
-	1,221.00	-	-	-	-	-	1,221.00
-	2,985.03	-	-	-	-	-	2,985.03
-	3,204.00	-	-	-	-	-	3,204.00
-	6,239.00	-	-	-	-	-	6,239.00
-	14,000.00	-	-	-	-	-	14,000.00
-	800.00	-	-	-	-	-	800.00
-	900.38	-	-	-	-	-	900.38
-	3,228.00	-	-	-	-	-	3,228.00
-	400.00	-	-	-	-	-	400.00
-	3,115.38	-	-	-	-	-	3,115.38
-	2,906.45	-	-	-	-	-	2,906.45
-	238.41	-	-	-	-	-	238.41
-	1,165.06	-	-	-	-	-	1,165.06
31,319.11	139,669.69	-	-	-	-	-	139,669.69

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$649,757.04	\$656,566.58	\$649,757.04	\$1,391,761.23
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$540.48	\$540.48	\$540.48	\$540.48
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$435.11	\$435.11	\$435.11	\$435.11
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$110,897.64	\$164,960.52	\$110,897.64	\$8,125.97
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$92,561.40	\$132,599.67	\$92,561.40	\$11,927.28
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$97,241.40	\$163,971.43	\$97,241.40	\$58,764.09
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$64,212.30	\$108,097.93	\$64,212.30	\$26,866.56
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$60,222.77	\$70,187.60	\$60,222.77	\$14,150.70
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$140,086.79	\$188,315.03	\$140,086.79	\$40,819.81
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$14,477.99	\$14,784.45	\$14,477.99	\$14,477.99
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$90,904.62	\$90,904.62	\$90,904.62	\$50,034.99
*5506 MMC -NH BETHANY SENIOR LIVING	\$103,267.37	\$103,284.14	\$103,267.37	\$65,241.87
*3407 MMC -NH TUSCANY VILLAGE	\$120,740.33	\$130,144.39	\$120,740.33	\$5,735.57
*3660 MMC -BETHANY SR LIVING - DACA	\$100.00	\$100.00	\$100.00	\$100.00
*2998 MMC -MONEY MARKET FUND	\$2,099,978.78	\$2,099,978.78	\$2,099,978.78	\$2,099,978.78
Total Balance	\$3,645,424.02	\$3,924,870.73	\$3,645,424.02	\$3,788,960.43

Memorial Medical Center
 Nursing Home UPL
 Weekly HMG Transfer
 Prosperity Accounts
 12/11/2023

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Points Plaza-Private Pay		9,497.69	9,397.69	14,377.99			14,477.99	14,377.99
						Bank Balance	14,477.99	
						Variance		
						Leave in Balance	100.00	

Adjust Balance/Transfer Amt 14,377.99

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Points Plaza-Medicare/Medicaid		15,033.72	14,933.72	90,804.62			90,904.62	90,804.62
						Bank Balance	90,904.62	
						Variance		
						Leave in Balance	100.00	

Adjust Balance/Transfer Amt 90,804.62

Routing Information for Gulf Points Plaza:

TOTAL TRANSFERS 105,182.61

Note: Only balances of over \$5,000 will be transferred to the nursing home.
 Note 2: Each account has a base balance of \$100 that MMC deposited to open account.

Approved: Andrew De Los Santos
 ANDREW DE LOS SANTOS 12/11/2023

APPROVED ON

DEC 11 2023

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Gulf Points Plaza-Private Pay

12/7/2023 WIRE OUT HMG Rockport SNF, LP -Commerical
 12/6/2023 NDC SWEEP FAC H261 21000022637322 SWEEP FR
 12/4/2023 HNB - ECHO HCCLAIMPMT 746003411 440000287246
 12/4/2023 HNB - ECHO HCCLAIMPMT 746003411 440000287716

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
9,397.69	-	-	-	-	-	-	-
-	13,375.67	-	-	-	-	-	13,375.67
-	963.12	-	-	-	-	-	963.12
-	39.20	-	-	-	-	-	39.20
9,397.69	14,377.99	-	-	-	-	-	14,377.99

Gulf Points Plaza-Medicare/Medicaid

12/8/2023 Deposit
 12/7/2023 WIRE OUT HMG Rockport SNF, LP - Commerical
 12/7/2023 MERCHANT BANKCD DEPOSIT 496478518889 9100001
 12/6/2023 MERCHANT BANKCD DEPOSIT 496478518889 9100001
 12/4/2023 MERCHANT BANKCD DEPOSIT 496478518889 9100001

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	40,869.63	-	-	-	-	-	40,869.63
14,933.72	-	-	-	-	-	-	-
-	47,194.99	-	-	-	-	-	47,194.99
-	1,307.00	-	-	-	-	-	1,307.00
-	1,433.00	-	-	-	-	-	1,433.00
14,933.72	90,804.62	-	-	-	-	-	90,804.62
24,331.41	105,182.61	-	-	-	-	-	105,182.61

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$649,757.04	\$656,566.58	\$649,757.04	\$1,391,761.23
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$540.48	\$540.48	\$540.48	\$540.48
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$435.11	\$435.11	\$435.11	\$435.11
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$110,897.64	\$164,960.52	\$110,897.64	\$8,125.97
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$92,561.40	\$132,599.67	\$92,561.40	\$11,927.28
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$97,241.40	\$163,971.43	\$97,241.40	\$58,764.09
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$64,212.30	\$108,097.93	\$64,212.30	\$26,866.56
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$60,222.77	\$70,187.60	\$60,222.77	\$14,150.70
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$140,086.79	\$188,315.03	\$140,086.79	\$40,819.81
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY ✓	\$14,477.99 ✓	\$14,784.45 ✓	\$14,477.99	\$14,477.99
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID ✓	\$90,904.62 ✓	\$90,904.62 ✓	\$90,904.62	\$50,034.99
*5506 MMC -NH BETHANY SENIOR LIVING	\$103,267.37	\$103,284.14	\$103,267.37	\$65,241.87
*3407 MMC -NH TUSCANY VILLAGE	\$120,740.33	\$130,144.39	\$120,740.33	\$5,735.57
*3660 MMC -BETHANY SR LIVING - DACA	\$100.00	\$100.00	\$100.00	\$100.00
*2998 MMC -MONEY MARKET FUND	\$2,099,978.78	\$2,099,978.78	\$2,099,978.78	\$2,099,978.78
Total Balance	\$3,645,424.02	\$3,924,870.73	\$3,645,424.02	\$3,788,960.43

Memorial Medical Center
 Nursing Home UPL
 Weekly Tuscany Transfer
 Prosperity Accounts
 12/11/2023

Account	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks. Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Nursing Home Tuscany Village	228,661.23	228,561.23	120,640.33			120,740.33	112,625.29
					Bank Balance Variance	120,740.33	
					Leave in Balance Molina YR7 October QIPP	100.00 8,015.04	

Note: Only balances of over \$5,000 will be transferred to the nursing home.
 Note 2: Each account has a base balance of \$100 that MMC deposited to open account.

Adjust Balance/Transfer Amt 112,625.29
 Approved: Andrew De Los Santos
 ANDREW DE LOS SANTOS 12/11/2023

APPROVED ON

DEC 11 2023

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$649,757.04	\$656,566.58	\$649,757.04	\$1,391,761.23
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$540.48	\$540.48	\$540.48	\$540.48
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$435.11	\$435.11	\$435.11	\$435.11
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$110,897.64	\$164,960.52	\$110,897.64	\$8,125.97
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$92,561.40	\$132,599.67	\$92,561.40	\$11,927.28
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$97,241.40	\$163,971.43	\$97,241.40	\$58,764.09
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$64,212.30	\$108,097.93	\$64,212.30	\$26,866.56
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$60,222.77	\$70,187.60	\$60,222.77	\$14,150.70
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$140,086.79	\$188,315.03	\$140,086.79	\$40,819.81
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$14,477.99	\$14,784.45	\$14,477.99	\$14,477.99
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$90,904.62	\$90,904.62	\$90,904.62	\$50,034.99
*5506 MMC -NH BETHANY SENIOR LIVING	\$103,267.37	\$103,284.14	\$103,267.37	\$65,241.87
*3407 MMC -NH TUSCANY VILLAGE ✓	\$120,740.33 ✓	\$130,144.39	\$120,740.33	\$5,735.57
*3660 MMC -BETHANY SR LIVING - DACA	\$100.00	\$100.00	\$100.00	\$100.00
*2998 MMC -MONEY MARKET FUND	\$2,099,978.78	\$2,099,978.78	\$2,099,978.78	\$2,099,978.78
Total Balance	\$3,645,424.02	\$3,924,870.73	\$3,645,424.02	\$3,788,960.43

Memorial Medical Center
 Nursing Home UPL
 Weekly HSL Transfer
 Prosperity Accounts
 12/11/2023

Account	Previous Beginning Balance	Transfer-Out	Transfer-in	Chg Cleared	Pending Medicare Repayment	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
<u>Nursing Home</u> Bethany Senior Living	209,119.17	208,641.48	102,789.68			103,267.37	102,789.68
					Bank Balance	103,267.37	
					Variance	.	
					Leave in Balance	100.00	
					October Interest	232.25	
					November Interest	145.44	
					Adjust Balance/Transfer Amt	102,789.68	

Note: Only balances of over \$5,000 will be transferred to the nursing home.
 Note 2: Each account has a base balance of \$100 that MMC deposited to open account.

Approved: Andrew De Los Santos
 ANDREW DE LOS SANTOS 12/11/2023

APPROVED ON
DEC 11 2023
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Bothany Senior Living

12/8/2023 Deposit
12/8/2023 HOSPICE OF SOUTH Payments NF 113122650035845
12/7/2023 WIRE OUT PORT LAVACA NH, LLC
12/7/2023 NDC SWEEP FAC K236 31316963208276 SWEEP FR
12/6/2023 Deposit
12/6/2023 Deposit
12/5/2023 NDC SWEEP FAC K236 31316968024785 SWEEP FR
12/5/2023 HNB - ECHO HCLCLAIMPMT 746003411 440000255125

MMC PORTION							NH PORTION
Transfer-Out	Transfer-In	QJPP/Comp1	QJPP/Comp 2	QJPP/Comp3	QJPP/Comp4&Lapse	QJPP TI	
0	36834.74					-	36,834.74
0	1190.76					-	1,190.76
208641.48	0					-	-
0	13720.02					-	13,720.02
0	6484.85					-	6,484.85
0	38186.83					-	38,186.83
0	6185.5					-	6,185.50
0	186.98					-	186.98
208,641.48	102,789.68	-	-	-	-	-	102,789.68

Balances Overview

Account Name

*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$649,757.04	\$656,566.58	\$649,757.04	\$1,391,761.23
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$540.48	\$540.48	\$540.48	\$540.48
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$435.11	\$435.11	\$435.11	\$435.11
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$110,897.64	\$164,960.52	\$110,897.64	\$8,125.97
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$92,561.40	\$132,599.67	\$92,561.40	\$11,927.28
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$97,241.40	\$163,971.43	\$97,241.40	\$58,764.09
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$64,212.30	\$108,097.93	\$64,212.30	\$26,866.56
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$60,222.77	\$70,187.60	\$60,222.77	\$14,150.70
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$140,086.79	\$188,315.03	\$140,086.79	\$40,819.81
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$14,477.99	\$14,784.45	\$14,477.99	\$14,477.99
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$90,904.62	\$90,904.62	\$90,904.62	\$50,034.99
*5506 MMC -NH BETHANY SENIOR LIVING ✓	\$103,267.37 ✓	\$103,284.14	\$103,267.37	\$65,241.87
*3407 MMC -NH TUSCANY VILLAGE	\$120,740.33	\$130,144.39	\$120,740.33	\$5,735.57
*3660 MMC -BETHANY SR LIVING - DACA	\$100.00	\$100.00	\$100.00	\$100.00
*2998 MMC -MONEY MARKET FUND	\$2,099,978.78	\$2,099,978.78	\$2,099,978.78	\$2,099,978.78
Total Balance	\$3,645,424.02	\$3,924,870.73	\$3,645,424.02	\$3,788,960.43

Ashford ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P
A
Y
E
E

Memorial Medical Center

Date Requested: 12/11/2023

FOR ACCT USE ONLY	
<input type="checkbox"/>	Imprest Cash
<input type="checkbox"/>	A/P Check
<input type="checkbox"/>	Mail Check to Vendor
<input type="checkbox"/>	Return Check to Dept

APPROVED ON
DEC 11 2023
BY COUNTY AUDITOR
GALHOUN COUNTY, TEXAS
ck # 00124

AMOUNT: \$ 12,906.04 ✓ G/L NUMBER: 10255040

EXPLANATION: _____

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: *Andrew D. Galant*

12/11/23

Broadmoor ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P Memorial Medical Center
A _____
Y _____
E _____
E _____

Date Requested: 12/11/2023

FOR ACCT USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

Return Check to Dept

APPROVED ON
DEC 11 2023
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CL# 00251

AMOUNT: \$ 4,773.60 G/L NUMBER: 10255040

EXPLANATION: _____

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: *Andra DePasquale*

12/11/23

Crescent ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P Memorial Medical Center
A _____
Y _____
E _____
E _____

Date Requested: 12/11/2023

FOR ACCT USE ONLY

- Imprest Cash
- A/P Check
- Mail Check to Vendor
- Return Check to Dept

APPROVED ON
DEC 11 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK# 000314

AMOUNT: \$ 3,559.20 ✓ G/L NUMBER: 10255040

EXPLANATION: _____

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew DeBenton

12/11/23

Fort Bond ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P
A
Y
E
E

Memorial Medical Center

Date Requested: 12/11/2023

APPROVED ON

DEC 11 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL # 00232

FOR ACCT USE ONLY

- Imprest Cash
- A/P Check
- Mail Check to Vendor
- Return Check to Dept

AMOUNT: \$ 4,027.76 ✓ G/L NUMBER: 10255040

EXPLANATION: _____

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrew DeFaria

12/11/23

Delora

MEMORIAL MEDICAL CENTER CHECK REQUEST

P Memorial Medical Center Date Requested: 12/11/2023

A _____

Y _____

E _____

E _____

FOR ACCT USE ONLY

Imprest Cash
 A/P Check
 Mail Check to Vendor
 Return Check to Dept

APPROVED ON
DEC 11 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK# 001295

AMOUNT: \$ 3,863.82 ✓ G/L NUMBER: 10255040

EXPLANATION: _____

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: *Andrew DePinto*

12/11/23

Lucas

MEMORIAL MEDICAL CENTER CHECK REQUEST

P Memorial Medical Center
A _____
Y _____
E _____
E _____

Date Requested: 12/11/2023

FOR ACCT USE ONLY

Imprest Cash

A/P Check

Mail Check to Vendor

Return Check to Dept

APPROVED ON
DEC 11 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CIC # 1142

AMOUNT: \$ 8,015.04 G/L NUMBER: 10255040

EXPLANATION: _____

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: *Andraea DeFay Santos*

12/11/23

MEMORIAL MEDICAL CENTER

NH FORT BEND
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000232

Date 12-18-23

88-2265/1131

PAY

TO THE
ORDER OF

MMC Operating

\$ 4,027. ⁷⁶/₁₀₀

Four thousand, twenty-seven dollars & ⁷⁶/₁₀₀

DOLLARS



PROSPERITY
BANK

country auditor

FOR Molina Oct



MEMORIAL MEDICAL CENTER

NH SOLERA
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001285

Date 12-18-23

88-2265/1131

PAY

TO THE
ORDER OF

MMC Operating

\$ 3,903. ⁸²/₁₀₀

Three thousand, eight hundred sixty-three dollars & ⁸²/₁₀₀

DOLLARS



PROSPERITY
BANK

country auditor

FOR _____



MEMORIAL MEDICAL CENTER 022020
NH TUSCANY VILLAGE

PH 281-653-4818
815 N VIRGINIA ST
PORT LAVACA, TX 77979

1142

88-2265/1131-87

DATE 12-18-23

CHECK NUMBER

PAY
TO THE
ORDER OF

MMC Operating

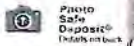
\$ 8015. ⁰⁴/₁₀₀

Eight thousand, fifteen dollars & ⁰⁴/₁₀₀

DOLLARS



PROSPERITY BANK
PORT LAVACA BANKING CENTER
1107 N. HIGHWAY 35 • PORT LAVACA, TX 77979-6102
361-552-7411 www.prosperitybankusa.com



country auditor

FOR Molina October

country treasurer

MEMORIAL MEDICAL CENTER
NH ASHFORD
815 N VIRGINIA ST
PORT LAVACA, TX 77979

001224

Date 12-18-23 88-2265/1131

PAY

TO THE ORDER OF Memorial Medical Center

\$ 12,906. $\frac{04}{100}$

Twelve thousand, nine hundred six dollars $\frac{3}{100}$ DOLLARS



County auditor

FOR _____ County Treasurer MP Security features are included. Details on back.

MEMORIAL MEDICAL CENTER
NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000259

Date 12-18-23 88-2265/1131

PAY

TO THE ORDER OF Memorial Medical Center

\$ 4,773. $\frac{40}{100}$

Four thousand, seven hundred seventy-three dollars $\frac{40}{100}$ DOLLARS



County auditor

FOR Molina October County Treasurer MP Security features are included. Details on back.

MEMORIAL MEDICAL CENTER
NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000316

Date 12-18-23 88-2265/1131

PAY

TO THE ORDER OF MMC Operating

\$ 3,559. $\frac{20}{100}$

Three thousand, five hundred fifty-nine dollars $\frac{20}{100}$ DOLLARS



County auditor

FOR Molina October County Treasurer MP Security features are included. Details on back.

☒

RUN DATE:12/18/23
TIME:15:33

MEMORIAL MEDICAL CENTER
CHECK REGISTER
12/18/23 THRU 12/18/23

PAGE 1
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHF *	000232	12/18/23	4,027.76	MMC OPERATING
NHB *	000259	12/18/23	4,773.60	MMC OPERATING
NHC *	000316	12/18/23	3,559.20	MMC OPERATING
TUS *	001142	12/18/23	8,015.04	MMC OPERATING
NHA *	001224	12/18/23	12,906.04	MMC OPERATING
NHS	001285	12/18/23	3,863.82	MMC OPERATING
TOTALS:			37,145.46	

QIPP Payment to MMC from Nursing Facilities

Commissioner's Court

12/11/2023

NH Name	From Bank Acct #	Ck #	Payee	GL #	Molina YR7 Oct				TOTAL	Date
Ashford ✓	10000018 - Prosperity		MMC -Prosperity Operating #10000001	10255040	12,906.04				12,906.04	12/11/2023
Broadmoor ✓	10000019 - Prosperity		MMC -Prosperity Operating #10000001	10255040	4,773.60				4,773.60	12/11/2023
Crescent ✓	10000020 - Prosperity		MMC -Prosperity Operating #10000001	10255040	3,559.20				3,559.20	12/11/2023
Fort Bend ✓	10000021 - Prosperity		MMC -Prosperity Operating #10000001	10255040	4,027.76				4,027.76	12/11/2023
Solera ✓	10000022 - Prosperity		MMC -Prosperity Operating #10000001	10255040	3,863.82				3,863.82	12/11/2023
Golden Creek	10000023 - Prosperity		MMC -Prosperity Operating #10000001	10255040					-	12/11/2023
Bethany			MMC -Prosperity Operating #10000001	10255040					-	12/11/2023
Tuscany ✓			MMC -Prosperity Operating #10000001	10255040	8,015.04				8,015.04	12/11/2023
				Total:	37,145.46					12/11/2023

Note:

Andrew De Los Santos
 Approved:
 ANDREW DE LOS SANTOS 12/11/2023